Undergraduate nursing and Indigenous Australian cultural competence: The lived experience of students

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Certificate of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma at Charles Sturt University or any other educational institution, except where due acknowledgment is made in the thesis.

Any contribution made to the research by colleagues with whom I have worked at Charles Sturt University or elsewhere during my candidature is fully acknowledged.

I agree that this thesis be accessible for the purpose of study and research in accordance with the normal conditions established by the Executive Director, Library Services or nominee, for the care, loan and reproduction of theses.

Signed: [Signature]

Name: Jessica Biles

Date: 12/4/2017
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Ethics

The studies in this research program were approved by the Charles Sturt University Human Research Ethics Committee 2012/176. Approval letter is shown as Appendix 1.
Paid Editorial Assistance

Paid editorial assistance was obtained in the construction of this thesis from Ms Carmel Davies who provided professional editing limited to formatting, grammar and style (Australian Standard for Editing Practice ASEP Standard D - Language and Illustrations, ASEP Standard E - Completeness and Consistency) and did not alter or improve the substantive content or conceptual organisation of the thesis. It is important to note Carmel did not provide advice on matters of structure (ASEP Standard C - Substance and Structure). Written approval from the Charles Sturt University Research office was obtained prior to Carmel’s assistance (See Appendix 2).
Abstract

Cultural competency training is increasingly being embraced within undergraduate nursing education. This research aims to create meaning from students’ lived experiences and journey towards cultural competence across a three year Bachelor of Nursing degree. The participants in this study were undergraduate students who enrolled in an Indigenous Australian cultural competency subject within the Bachelor of Nursing course in 2012 and the subsequent journey of students in this cohort through their second and third years of university. Qualitative research, specifically hermeneutic phenomenology, was used to explore students’ experiences, perceptions, and learning about cultural competency to address the following research questions:

- What are the lived experiences and perceptions of student nurses studying a subject designed to address Indigenous Australian cultural competence?
- What are the lived experiences of the journey of Indigenous Australian cultural competence for nursing students across the duration of their course?
- What influences the lived experiences of Indigenous Australian cultural competence for nursing students?

This research has highlighted the essence of the students’ journey in Indigenous Australian cultural competence education and influences in
students’ learning and development of Indigenous Australian cultural competence, providing a model of student learning in this important area. It is anticipated a better understanding of the lived experience will assist nursing academic staff to tailor and improve Indigenous Australian cultural competency within undergraduate nurse education. This may increase the ability of nurses to work in more culturally sensitive ways and therefore work towards improving the health of Australian Aboriginal and Torres Strait Islander peoples.
Chapter 1. Introduction

This thesis will reveal unique experiences of undergraduate nursing students’ experiences in Indigenous Australian cultural competence. The focus of the study was to obtain a deep level of understanding through the use of hermeneutic phenomenology, a qualitative research design. The findings have led to a model of learning Indigenous Australian cultural competence that may be transferable to other Bachelor of Nursing degrees.

In this chapter the rationale and overview for the chosen research topic will be explored, along with a brief overview of the research approach, scope and boundaries of the research and acknowledgment of the researcher’s pre understandings. Finally an overview of each chapter will be provided.

Rationale and Overview of the Chosen Topic

This research aimed to reveal experiences and perceptions of undergraduate nursing students as they engaged with Indigenous Australian cultural competence learning experiences throughout the duration of their course. This research is important in the Australian landscape where one in every four Indigenous Australians experiences racism as a part of their everyday lives (Pardies, Harris, & Anderson, 2008) and only 60% of participants reported feeling that they could trust hospitals (Pink & Allbon, 2008). Significant historical events over the past four decades have impacted upon
Indigenous Australian people and have influenced care given to them by health practitioners (Wilkie, 1995). Australia, although a developed nation, still reports health care at a developing nations’ standard for minority groups, in particular, Indigenous Australian people (World Health Organization [WHO], 2013). This is detrimental to health and welfare and needs to be addressed by policy makers, curriculum designers, healthcare managers and clinicians.

As Chapter 2 will reveal, registered nurses have the potential to influence Indigenous Australian clients’ health care through their biases, assumptions and pre understandings. This is important and has the potential to influence the care given (Gulliford et al., 2002; Kidd, Watts, & Saltman, 2008; Larson, Gillies, Howard, & Coffin, 2007; Maher, 2013). Therefore, it is imperative the experiences of Indigenous Australians are understood, explored and influence curriculum development and delivery.

Overview of Research Approach

This research used a qualitative interpretive research paradigm informed by hermeneutic phenomenological methods. The essence of the methodology aligns with the nursing profession’s desire to seek meaning from ‘living knowledge’. It is not the pure content of human subjectivity that is the focus of hermeneutic inquiry; rather, it is the narrative that implies the everyday experience (Heidegger, 1962). The important concept in interpretive inquiry is freedom: we are free to move and think in our world, but only within the
realms of experienced social, political and cultural paradigms (Heidegger, 1962). We then make choices with this freedom (Lopez & Willis, 2004).

Research Aims and Questions

The aim of the research was to discover and describe in detail the lived experience of a sample of students within a cohort in an undergraduate Bachelor of Nursing degree. This research illuminates the essence of the student’s journey in Indigenous Australian cultural competence education and influences the student’s learning and development of cultural competence. A deeper understanding of the lived experience will assist nursing academic staff to tailor and improve Indigenous Australian cultural competence within undergraduate nurse education and may lead to an increase in the ability of nurses to work in more culturally sensitive ways. In hermeneutic phenomenology, the basic research question that the interpretive paradigm generates is “What is this phenomenon (lived experience) like?” (van Manen, 2002, p.13) For the context of this research, the following questions have been identified and linked to hermeneutic phenomenology as a methodology:

- What are the lived experiences and perceptions of student nurses studying a subject designed to address Indigenous Australian cultural competence?
- What are the lived experiences of the journey of Indigenous Australian cultural competence for nursing students across the duration of their course?
What influences the lived experiences of Indigenous Australian cultural competence for nursing students?

Scope and Boundaries of the Research

This research seeks to gain a deep understanding of the experiences of nursing students studying Indigenous Australian cultural competence. As discussed by van Manen (1990), an interpretive paradigm does not seek to find empirical facts or evidence, instead, through rich descriptions, it interprets the experiences of participants related to a specific phenomenon. With this in mind, the research process sought to capture the lived experiences of nursing students enrolled in a Bachelor of Nursing program, through qualitative semi-structured interviews that were as close to the lived experience as possible (van Manen, 1990; Finlay, 2009).

Questions are asked of the phenomenon, Indigenous Australian cultural competence, not with the intent to generate a single response. Thus single concepts or technique are avoided (van Manen, 1990). Instead methods are generated to establish a deeper understanding of the lived experience (van Manen, 1990). With this in mind, it is important to consider the context of the lived experience in relation to the phenomena.

Research Context

In hermeneutic phenomenology it is important to consider the context of the participants in relation to the experience. The participants of this research
were enrolled in a Bachelor of Nursing degree at Charles Sturt University (CSU). The hermeneutic circle (discussed in Chapter 3) as a methodological process was used. This enabled rich exploration of experiences through the continual process of considering both their part and whole experiences (Polit & Beck, 2017). As Ricoeur (1981) discussed, this extends to not only text but also to human experiences within a situation. It was important to consider the university and the course in which participants were enrolled.

Charles Sturt University is Australia’s fifth largest university with approximately 39,000 students spread across six campuses. In 2010, Charles Sturt University identified as a leading higher educational provider for regional and rural populations within Australia, and as the leading provider for Indigenous Australian participation. 2.2% of the total students at Charles Sturt University identified as Indigenous Australian, 16% of whom were enrolled in a health course.

This university was chosen for this research due to the geographical location of the researcher and its role in educating nurses for regional and remote practice. With 67% of Indigenous Australian people residing in regional, rural and remote areas, it was considered important that participants were sought from a regional university (Australian Bureau of Statistics [ABS], 2012).

In 2010, 78.5% of Charles Sturt University Bachelor of Nursing students came from a regional or rural background and 73.5% of graduates obtained employment in regional and rural areas (CSU, 2010).
The Charles Sturt University Bachelor of Nursing curriculum

The philosophical foundations of the Bachelor of Nursing course 2008–2014 at Charles Sturt University (CSU) were based on the values and beliefs that underpin nursing, education, primary health care, social justice and Indigenous health. The course was offered both internally\(^1\) and in distance\(^2\) education mode and is an important note in this research.

It is acknowledged that participants in this study have experienced learning through the educational opportunities within the Bachelor of Nursing curriculum at Charles Sturt University as well as through their personal lives. Therefore it is useful to provide a brief overview of the curriculum that participants experienced and which influenced the findings of this research. This section will focus on the influences of the curriculum on student experiences.

The Conceptual Framework

The philosophical foundations of the Bachelor of Nursing course (BN) 2008–2014 at Charles Sturt University were based on the values and beliefs that underpin nursing, education, primary health care, social justice and Indigenous health. Primary Health Care provides a comprehensive

\(^1\) A student enrolled in subjects internally usually is required to attend scheduled on campus classes (CSU, 2014).
\(^2\) A mode of study where students are not required to attend on campus classes (CSU, 2014).
organising framework on which the curriculum was built in order to prepare nursing graduates for generalist nursing practice in a broad range of settings, across the lifespan and across the health–illness continuum (CSU, 2008). The first year of the Charles Sturt University course focused on primary health care and prevention, the second year on secondary health care and prevention, and the third year tertiary health care and prevention.

The Bachelor of Nursing curriculum was underpinned by concepts of primary health care philosophy, principles of social justice, Indigenous health, caring philosophy and the advancement of the discipline through research, scholarship and application of nursing knowledge and evidence-based practice (CSU, 2008). These concepts were integrated throughout the program and require students to engage in learning activities that expose them to increasingly more complex situations that demand integration and synthesis of previously acquired knowledge (CSU, 2008).

Structure of the Course

The course\(^3\) was offered full time over six (6) sessions and part time over eight (8) sessions of study. The course comprised 18 nursing subjects with six support subjects taught in collaboration with the School of Biomedical Sciences and the Faculty of Arts. The curriculum was designed to be offered in flexible mode by distance education and/or on campus at Bathurst and Orange campuses and Dubbo and Wagga Wagga campuses. The theoretical components of the course were complemented by a significant amount of

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\(^3\) The Bachelor of Nursing program completed over three years full time or 6 years part time study.
clinical nursing practice experiences. The Bachelor of Nursing course structure facilitates ease of entry for students from varying backgrounds through the recognition of prior learning. Both distance and internal students participated in this research project (see subject profile, Appendix 1).

The integration of theory and practice is central to the Charles Sturt University curriculum in preparing nursing graduates who will become advanced beginning practitioners. Within the Australian context these became graduates who demonstrated skills in a range of clinical experiences (Benner, 1981).

Within the curriculum participants have experienced involved a range of clinical strands that commences in session one of the degree and runs throughout the course. There are four weeks’ clinical experience placements in the primary health care subjects in session one, and two weeks in the Indigenous Cultures, Health and Nursing (NRS194) subject that introduces students to primary health care, the fundamentals of clinical nursing practice and Indigenous Australian health. The clinical strand in each session requires the theoretical input of the co-requisite nursing subjects to be integrated into the teaching of clinical skills for practice. This integration was further reinforced to ensure that on completion of the Bachelor of Nursing course, the graduate is able to practise competently at a beginning registered nurse level consistent with the Australian Nursing and Midwifery Council (ANMC) National Competency Standards (ANMC, 2006).

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4 The course is taught across three years with two sessions in each year. The first session runs from February to July and the second from July to October.
The nursing subjects in the Bachelor of Nursing were supported by subjects with material on sociology, psychology, Indigenous health, human bioscience, pathophysiology and pharmacology, law and ethics and research. These subjects, along with the clinical nursing practice subjects and the nursing theory subjects, prepare the graduate to transition to professional practice.

Throughout the course, students are guided to demonstrate progressive achievement of the Australian Nursing and Midwifery Council National Competency Standards for the registered nurse (ANMC, 2006).

Indigenous Board of Studies Governance at Charles Sturt University

At Charles Sturt University, the establishment of the Indigenous Board of Studies in 2008 was designed to ensure governance of Indigenous Australian content in courses was approved. The role of the Board, comprising Indigenous Australian staff who taught in the School of Indigenous Australian Studies, a representative from each Faculty within Charles Sturt University, and the Indigenous Curriculum and Pedagogy Coordinator, was to review subjects and course at Charles Sturt University. The Board provides recommendations for content and delivery, and ensures all Indigenous Australian content is delivered with the most appropriate methods within courses as deemed appropriate by Charles Sturt University learning and teaching policies and graduate attributes (CSU, 2015).
subject: *Indigenous Culture, Health and Nursing* (NRS194) (further detailed in Appendix 4) was the focus subject for first year students in this research and was approved by the Indigenous Board of Studies prior to delivery in 2010. The subject was listed as a hybrid subject which included joint teaching from the School of Indigenous Australian Studies as content experts in Indigenous Australian culture and histories, and the School of Nursing, Midwifery and Indigenous Health as experts in nursing practice. The subject classification is important in that it adds context in which this research was conducted and provides detail to organisational processes that influence student experiences of Indigenous Australian content at Charles Sturt University.

**Pre understandings of the Researcher**

It is important to note that this research project was based on the notion that there are multiple realities (Crotty, 1996) with findings being value bound by the relationship established with participants and the questions asked. As well, the values and wider world of the researcher impact upon how findings are constructed (Ajjawi & Higgs, 2007). For this reason it is important to consider ‘my world’ when reading this thesis. I have been married to a Muruwari\(^5\) man for over 12 years and we have two delightful children who identify as Indigenous Australian. Through my relationship with my husband, his family and the mothering of my children I have developed some understanding of the challenges Indigenous Australian people face on a day-to-day basis. This has been particularly evident as I support my

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5 First Nations people from the Culgoa River region in northern New South Wales.
children in establishing their sense of cultural identity in a world where
difference is not appreciated.

This is further influenced by my own mixed heritage and the cultural
implications, in particular that were felt in my own family by the White
Australia Policy (Jupp, 2012). My paternal great grandparents fled Spain
during Franco’s reign and the loss of culture identified in the proceeding
generations is clearly evident. The contents of our Catalan heritage lay at the
foot of my bed encapsulated in the chest that carried precious possessions
across the seas. The contents within the chest are with me but the story
behind the artefacts has long been silenced. During my family’s migration
to Australia, difference was not tolerated with my great grandparents being
listed as possible terror suspects for a period of three years due to their
reasons for migrating. Mingled with my experiences in Indigenous
Australian culture, these are important to my own life world (further
discussed in Chapter 3) and need to be considered when reading the
interpretations in this research.

During the process of this research I was involved in a review of the Charles
Sturt University Bachelor of Nursing curriculum. This involved being part
of a team that aimed to embed Indigenous Australian cultural competence as
pedagogy in a Bachelor of Nursing degree. My professional roles were
discussed with the supervisory team (as outlined in Chapter 3) to ensure
interpretation of data was reflected in the context of the participants’
situations. My research journal was also considered a vital element when
key national events peaked during this research project. The Federal
government’s proposal to close Indigenous Australian communities in both
the Northern Territory and Western Australia (Markham & Doram, 2015)
and the racism debate, in particular in the sports arena, evident through
Australian Rules Football (Barry & Butcher, 2016) and other events, shaped
the world in which this research was conducted and interpreted.

Thesis Structure

This thesis is divided into nine distinct chapters. Chapter 1 introduces the
thesis and provides an outline of its structure. Chapter 2, through a narrative
literature review, determines the gap in knowledge and thus the drive for
this research to be conducted. Aligning with the interpretive nature of this
research, this chapter highlights research in the areas of Indigenous
Australian morbidity and mortality, models of health care, race and racism
and finally, it explores cultural competence in nursing, in relation to four
Western countries.

Chapter 3 provides a clear and concise articulation of the research paradigm
and the methodological stance taken. In this chapter extensive explanation
of the methods undertaken is provided. As well, strategies to enhance rigour
and trustworthiness, which were at the forefront at all times, are described.
Where relevant specific examples are provided of how the research was
conducted to align with methods congruent with philosophical hermeneutic
phenomenology.
Chapter 4, Chapter 5, Chapter 6 and Chapter 7 present the findings of this research project. It is important to note the interrelationship of the four findings chapters when reading this section of the thesis. Rich, thick descriptions require the use of excerpts (Liamputtong, 2010). In line with a qualitative approach, the findings are explored with some reference to the literature. Where appropriate, links have been drawn between the findings chapters to enhance the visibility of the interrelationship of the findings (discussed further in Chapter 3).

Chapter 8 starts with a summary of the main findings in this project as they relate to the research questions. Following this, a critique of the findings as they relate to other research and the literature is provided. This chapter draws on the work of four main theorists to reveal the significance of the findings and literature from cultural competence, social sciences and education.

Chapter 9 articulates the recommendations arising from this research. It provides recommendations for nursing education, practice and further research. This chapter also discusses the limitations of the research, providing stimulus for further research in this important area. The final section of this chapter provides a conclusion to the research.

This research provides unique findings that reveal insights into undergraduate nursing students’ experiences, in their journey of Indigenous
Australian cultural competence. This will be significant to nurses, nursing educators, curriculum designers and academics striving to ensure that all Australians have the opportunity to access culturally informed health care.

A word on terminology

During European colonisation, using traditional Indigenous Australian language was forbidden; instead, the language used was often discriminatory and inappropriate (NSW Department of Health, 2004). This is important to recognise along with the evolving nature of language in Indigenous Australian cultures today. Terminology used in this thesis has been guided by the *NSW Department of Health Communicating Positively guide* (NSW Department of Health, 2004) in consultation with senior staff in the School of Indigenous Australian Studies at Charles Sturt University. To ensure consistency with both the NSW Department of Health (2004) and terminology used at Charles Sturt University, the term ‘Indigenous Australian people’ is used to refer to Aboriginal and Torres Strait Islander peoples.
Chapter 2. Overview of the Literature

This chapter starts by introducing literature related to Indigenous Australian health to provide a rationale for alternate ways of health practice with Indigenous Australian people. This chapter will then provide an explanation of the development of Indigenous Australian cultural competence within nursing to highlight its benefits and limitations and demonstrate the gap in our knowledge related to nursing education. The final section will explore experiences and outcomes of Indigenous Australian cultural competence development of students enrolled in nursing within Australia.

Literature search strategies

Framing this research requires an understanding of four key areas: Indigenous Australian health, models of health care, Indigenous Australian cultural competence and nursing. A narrative review was chosen as this can provide understanding in a broad range of areas (Grant & Booth, 2009). This review adopted a search strategy focused on four journal databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus, Nursing and Allied Health (ProQuest) and Informit. These databases were chosen to ensure that literature was captured from the necessary range of areas. Key words used were: Nursing education, cultural competence, Australia* and Indigenous. Wildcards were used to ensure all relevant referenced papers were identified and to further narrow the search for literature specific to the Australian context. This was important given the geographical location of the participants and the phenomenon of Indigenous Australian cultural competence. The key words were combined through the
search history engine. Both Australian and international papers were sourced as appropriate to help facilitate understanding of cultural competence in nursing.

Health of Indigenous Australian People

Overview

Health outcomes for Indigenous Australian people are significantly worse than for non-Indigenous Australian people (ABS, 2015). In 2008 the Australian government recognised the importance of change required to reduce health disparities by funding the development of the Closing the Gap campaign. This campaign showed the wider health community the gravity of health disparities in all areas of Indigenous Australian health and health care (National Indigenous Reform, 2008). The Closing the Gap campaign was supported by the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013 which had an overarching philosophy that ensured equality in cultural considerations with dignity and justice underpinning health care. Although the Health of Indigenous people (2014), by the United Nations stated that there was a statistical reduction in Indigenous Australian mortality and morbidity, abhorrent rates of disparity are still found in Australia. In 2010, Indigenous Australian women were evidenced as living some 13 years less and men 10 years less than their non-Indigenous counterparts (Thomson & Thomson, 2010). In 2014, it was reported that the median age of death for Indigenous Australian women in New South Wales (NSW) was 64.1 years; this is in comparison to their non-Indigenous counterparts being 85.3 years. With Indigenous Australian men,
the median age at death was 57.7 years and for their non-Indigenous counterparts it was 79 years (ABS, 2014). This provides an alarming situation when coupled with the fact that these rates within Indigenous Australian communities are underreported due to delays in reporting and registration of death (ABS, 2013). Coronary heart disease, diabetes mellitus and respiratory diseases, reported as the highest causes of death within Indigenous Australian communities, are all chronic and complex conditions requiring long-term health provider support for sufferers (ABS, 2015). The *Health of Indigenous people* (Inter- Agency Support Group of Indigenous Peoples Issues, 2014) highlighted the need to provide equality in health care for Indigenous Australian people as one way to improve healthcare outcomes.

Several hypotheses have been reported that try to explain why the health outcome gap remains even though a large portion of gross domestic product (GDP) capital has been apportioned to Indigenous Australian health (Australian Institute of Health and Welfare [AIHW], 2016). These hypotheses included poor Indigenous Australian health outcomes being linked to learned socioeconomic disadvantage; a lack of culturally responsive health resources (Larson et al., 2007); Western models of health care dominating health environments and not encompassing Indigenous Australian models of health care (Kidd et al., 2008; Maher, 2013); and unwillingness of Indigenous Australians to access mainstream health settings due to direct and indirect racism by healthcare providers (Gulliford et al., 2002; Kidd et al., 2008; Larson et al., 2007; Maher, 2013). These four hypotheses provide a situation where health care for Indigenous Australian
people is not equitable or just. Therefore, culturally specific health practice is vital to health outcomes for Indigenous Australian people (Maher, 2013).

Several studies (Durey, Thompson, & Wood, 2011; Taylor et al., 2009) have reported that Indigenous Australian people are more likely to access health services where providers have some understanding of Indigenous Australian culture and communication is respectful. The studies also show that good relationships can be built by having Indigenous Australian health workers as part of the healthcare team. Respectful communication creates a link between health practitioner behaviours, skill and attitudes and patient outcomes (Maher, 1999). This is supported by Recommendation 23 of the Health Workforce Growing Our Future Report (Health Workforce Australia, 2011) that identified the deficit in health practitioners’ skills and the need to build practitioner skills in the area of Indigenous Australian health. This Report called for mandatory cultural competence in all health-related curricula.

Models of care influencing health

The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (1948, para.1). This is important as the concept of social and emotional wellbeing is consistent with the Indigenous Australian view of health. In 1995, ‘Ways Forward’, the National Aboriginal and Torres Strait Islander Mental Health Policy, National Consultancy Report on Aboriginal and Torres Strait Mental Health (Swan & Raphael, 1995)
recognised the concepts of ‘connectedness’ and the ‘whole of life’ view of health. Connectedness refers to one’s connection with each other, community, history, spirituality and country while whole of life includes relationships between families, land, sea, and spirit as a cyclic concept (Burke, 2007). This concept of whole of life underpins the original National Aboriginal Health and Strategy Working Party Report (Houston, 1989), more recently highlighted in the NSW Aboriginal Mental Health and Well Being Policy (2006-2010) (Burke, 2007) and challenges the World Health Organisation definition of health.

The Indigenous Australian concept of health is holistic. Similar to the World Health Organisation it incorporates physical, mental and social wellbeing. However, importantly, the Aboriginal concept of health includes cultural care. Land that represents connection to the Dreaming and Kinship is central to wellbeing. Dreaming is the philosophical concept that binds Indigenous Australian people to their country or land (Edwards, 1998). This holistic concept does not merely refer to the ‘whole body’ but, in fact, is steeped in harmonised interrelations that constitute cultural wellbeing. These interrelating factors can be categorised largely as spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Indigenous Australian ill-health will persist (NSW Department of Health, 2007, p. 3).
The meaning of health is understood, interpreted and defined in distinct ways by different community groups. Thus, the meaning attached to health and illness is rooted, to a large extent, in cultural and religious beliefs and experiences, and is learnt and passed on by individuals, their families, communities and the society at large (AIHW, 2014). In this way, social and cultural aspects of health and illness are important. Health and illness should not be seen as merely biological conditions, they also embrace the social context (Aboriginal and Torres Strait Islander Health Working Party, 2004-2009; Humphery, 2000; Thomson, 2008) and are key to understanding how health can be interpreted and understood within Indigenous Australian communities.

Models of health care are deemed vital to equality in healthcare access and cultural inclusion (Baum, Bégin, Houweling, & Taylor, 2009; Gulliford et al., 2002). In spite of the WHO definition of health being in existence since 1948, medical models of health persist in Australia (Durey, 2010; WHO, 2014). The WHO definition of health is mostly associated with the absence of disease and does not often include emotional wellbeing. It focuses on disease being attributed to germs and biological agents, and the use of biological means such as drugs and chemical agents to manage conditions. Health measures are aimed at eliminating causes of disease to promote absence of disease. The medical model is, to a large extent, assumed to be a scientific framework and, as such, there is less focus on social factors. This model thus ignores the power of other important influences that are significant to Indigenous Australian perceptions of wellness (Grant,
Wronski, Murray, & Souzo, 2008) and pays almost no attention to cultural aspects. This is important to health practice with Indigenous Australian peoples and important in the education of nurses, who, in 2014, accounted for 57.8% of the healthcare workforce in Australia (AIHW, 2016).

Race and Racism in Health

Foucault (1984) refutes that human nature stems from history and society. He argues there are multiple factors that result in human nature that stem from previous acts of power and privilege which influence social practice. Racist ideology stemmed from Plato and Aristotle’s philosophy The Great Chain of Being and the application of its hierarchical structure to humanity (Stanford Encyclopaedia of Philosophy, 2008). This led to the idea that ‘race’ was a set of characteristics and achievements that made one superior and behaviours became ‘racist’ (Hampton & Toombs, 2013). Chomsky and Foucault (2006) argued understanding of human nature. Chomsky believes that human nature exists and influences one’s propensity to power and oppression (Chomsky & Foucault, 2006) and is important when considering racism.

Literature on racism describes four different forms: *institutional*, the incorporation of racist ideals in policies and practices within an organisation; *individual*, the support of racist ideals by individuals and small groups; *cultural*, the beliefs, ideals and values of a cultural group that are seen to be superior to opposing groups; and *modern racism*, the subtle cues and expressions that involve rejection of minority groups (Hampton &
Institutional racism is defined as the policies, systems and practices that exclude members of a non-dominant group and thus permeate a culture of norm within an Institution (Hampton & Toombs, 2013). Individual racism, in the provision of health services, is behaviour that takes on a form of clinical uncertainty with interaction between client and health professional that can be intentional or unintentional (Larson et al., 2007). Larson et al. (2007) further indicated, in a quantitative study, that racism prevents Indigenous Australians from regularly accessing health care, highlighting the detrimental effects of institutional influence on health. Kleinman et al. (1978) drew attention to the concept of illness and treatment as being culturally shaped. From this, a link became evident that health providers’ responsiveness to cultural differences could lead to improved health outcomes.

The loss, trauma and inhibition in all aspects of Indigenous Australian social, physical and mental life were articulated in The Bringing Them Home Report (Home, 1997). This Report was based on the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their families (Australian Human Rights Commission, 1997) and details the loss, hardship, struggle and strength of those children who were removed.
forcibly from their Indigenous Australian families by the Australian government (Human Rights Commission, 1997). Its subsequent recommendations highlighted the importance of racial policy and social behaviours in Australia. This is supported by the Australian Bureau of Statistics that reported, in 2008, that Indigenous Australian clients accessing care, received care that was neither sensitive to cultural needs nor culturally appropriate.

Institutional racism in health care involves systems that oppose or oppress identifiable groups, based on race or ethnicity (Durey et al., 2011). Researchers in Western Australia noted that the prejudice Indigenous Australian people experienced was more than twice that of any other Australian. This occurred more than 43% in everyday life situations (Dunn, Forrest, Pe-Pua, & Smith, 2005) and particularly when liaising with institutions such as police, education and health, leaving little doubt that institutional racism is evident in Australia (Pedersen, Dudgeon, Watt, & Griffiths, 2006). It is argued that in Australian healthcare systems, racism is experienced in healthcare facilities that are founded on Western models of care with minimal diversity in healthcare profession ethnicity (Durey et al., 2011; Williamson & Harrison, 2010). Frameworks aimed at reducing institutional racism have been implemented by healthcare facilities within Australia (AIHW, 2008). What these frameworks fail to allow to be considered are the people who make up the institutions and the implications that individual biases, attitudes and perceptions can have on healthcare delivery institutions and the personal implications placing importance on training individuals within healthcare facilities in Australia.
The *Social Justice Report* (Australian Humans Rights Commission, 2005) highlighted the impact of racism, not only at an individual level, but also at an institutional level with Australian mainstream health policy delivery failing to support Aboriginal and Torres Strait Islander people. This was cited as a result of poorly developed health policy framework and strategic direction. Given the publication *Overview of Australian Indigenous status* (Thomson, MacRae, Burns, Catto, Dehuyst, Krom & Urquhart, 2010) details that Indigenous Australian morbidity and mortality rates are still over nine years lower than non-Indigenous people, consideration of health policy framework is important. The need for Australian health systems to respond to all clients in a culturally appropriate way has become more pertinent than ever (Larson et al., 2007). In a report drafted by the United Nations, the issues of racism and discrimination were highlighted as significant barriers for Indigenous peoples globally to combat while accessing health care. This report, *Secretariat of permanent forum on Indigenous issues*, clearly articulated the lack of cultural sensitivity by health services that inhibit Indigenous people from accessing these facilities (United Nation 2010).

Individual racism in Australia relates to inherent paternalism that influences the power share in health relationships between client and health professional (Jackson, Brady, & Stein, 1999). Coupled with few Indigenous Australian staff in positions of influence creates a situation where sustainable cultural and social change within an organisation is challenging (Dollard, Stewart, Fuller, & Blue, 2001; Taylor, Thompson & Davis, 2010).
Limited knowledge of Indigenous Australian culture and communities with poor communication skills contribute to individual racism within healthcare facilities in Australia (Williamson & Harrison, 2010; Reibel & Walker, 2010; Pedersen et al., 2006), further indicating the need for health workforce training in this space.

Section summary

Health disparity exists within Australia. Health systems are not responsive to cultural diversity with primary focus being on Western models of care. People who are at the core of health systems are failing in the delivery of equity in care to all Australians, leaving a portion of people isolated from basic health privileges of a developed nation due to attitudes, beliefs and biases that result in institutional and individual racism.

Cultural Competence’s historical development and the nursing paradigm

In this section the term ‘cultural competence’ is introduced. As well, current models of competence from four Western nations will be explored (i.e. from New Zealand, American, Canadian and Australian perspectives) with core work related to Indigenous Australian health practice.

Cultural competence

The term cultural competence first emerged in the 1980s in the USA in response to the need for human services providers, across a range of disciplines (education, social work, health and welfare), to better meet the
needs of an increasingly multicultural population. In the context of healthcare provision, there was growing evidence that people from non-dominant cultural groups (ethnic and racial minorities) continued to experience significantly poorer health outcomes than people from the majority/dominant culture (Betancourt et al., 2003; Brach & Fraser, 2010). The concept of cultural competence has since been a focus for the four Western English-speaking countries with Indigenous populations and a white dominant society. A vast amount of literature about cultural competence has been generated and of importance to this research is the cultural competence literature emanating from New Zealand, the USA and Canada (Truong, Paradies & Priest, 2014; Clifford, McCalman, Bainbridge, & Tsey, 2015).

The literature indicates that while there is no one universally accepted definition of cultural competence, many definitions share key elements (Betancourt, 2002; Goode, 1995). These elements include: valuing diversity, having the capacity for cultural self-assessment, being conscious of the dynamics inherent in cross-cultural interactions, institutionalising the importance of cultural knowledge, and making adaptations to service delivery that reflect cultural understanding (Humphery, 2000; Ranzijn et al., 2008).

It is important to view the term ‘cultural competence’ within the discourse it sits and the paradigm from which it has emerged. As Foucault (1980) contends, knowledge is a strategy of power and has provided a perspective
on how Western scientific discourse has maintained its privileged position. This is important for this research because a consequence has been that Indigenous Australian knowledge has been excluded. In this case discourse is not simply absolute truth but instead “practices obeying certain rules” (Foucault, 1980, p. 138). In the case of cultural competency, it is not simply a given that everyone does or should agree about the appropriateness of the term or, if we observe it in practicalities, its efficacy or potential efficacy (Clifford et al., 2015). In Westernised societies, Western scientific ways of knowing constitute what is largely identified as the dominant discourse and other knowledge systems, specifically, Indigenous Australian knowledge systems, are effectively silenced or disqualified (Thackrah & Thompson, 2013). This is applicable to nursing and thus contextualises the curricula and willingness of those who develop health models to embrace Indigenous Australian cultural competence as a professional journey across a degree.

Smith (2005) raised the issue that over the last twenty years the discourse around education and training has shifted, leading to a tendency to use the pseudo-commercial language of markets, investments and products; the terms ‘competence’ and ‘competency’ have also been part of this move. In the UK, for example, competence was defined as ‘the ability to do a particular activity to a prescribed standard’ (Working Group on Vocational Qualifications, 1986 p. 349). This definition is problematic as competence is seen as an outcome, a context, something that can be achieved in a short period of time. Smith (2005) agrees that the language of competence is often misunderstood because of its association with vocational training and skill rather than understanding. Smith (2005) defines competence as a broad
global capacity: it is an outcome that describes what someone can do. Competency is a much narrower concept used to label specific skills and abilities that are observable and assessable (Smith, 2005).

There are associated risks with uncritical acceptance of notions of cultural competency in that this can result in the reduction of human attributes to activities that can be objectively and mechanistically measured (Smith, 2005). While it may be that some aspects of cultural competence can be broken down into such discrete and observable skills, many would argue that it is highly debatable that values and attitudes may be so measured.

What seems to be common across the literature is that cultural competence needs to be viewed as a process rather than a destination or ideal to strive for (Haines, Lynch & Winton 2000). That said, cultural competence as defined by Cross, Bazron, Dennis, and Isaacs (1989) from an American paradigm, remains one of the most frequently cited definitions. Cross et al. (1989) define cultural competence as a set of congruent behaviours that come together and enable further individuals to work effectively with people from different cultural groups. Of interest are perspectives on cultural competence and its application from different countries, in particular, New Zealand, America, Canada and Australia.

New Zealand perspectives

In New Zealand, the term ‘cultural safety’ is often used in preference to ‘cultural competence’. Papps and Ramsden (1996) for example highlight it
originated from Maori nurses in the colonial context of New Zealand.

Cultural safety, as defined by Williams (2008) and Eckermann et al. (2006) is:

An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening (p. 213).

The introduction of this term into nursing education has not been without controversy (Hains et al., 2000) as it stimulated a national review of cultural safety in New Zealand in the early 1990s (Ramsden, 1990) and resulted in the embedding and recognising of cultural safety as a foundation tool in nursing practice. The focus of this concept is on the experience of the patient or client and this can be considered from both an institutional and individual level involving specific skills, as detailed by Eckermann et al. (2006). This differs from cultural competency that focuses on the health professional and the recognition of an appropriate response to key cultural features that affect clinical care (National Rural Faculty - Royal Australian College of General Practitioners, 2004; Wepa, 2015).

Culturally safe care of a person/family from another culture is complex. Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual and requires practitioners to have insight into their own behaviours, attitudes and
biases that can influence health recipient care experiences (Taylor & Guerin, 2014). Cultural safety is the experience of the recipient of care rather than a tool for a practitioner to embed (Eckermann et al., 2006). It is seen to require the skill of reflecting on one’s own cultural identity and then the recognition of the impact their culture has on practice. That is, it seems to require more than just cultural safety (Taylor & Guerin, 2014).

American perspectives and Canadian perspectives

Although American and Canadian authors define cross-cultural competence and cultural competence differently, considerable overlap exists between definitions. The American human services literature defines cultural competence as the ability of the provider to respond to the needs of children in their socio cultural contexts (Cross et al., 1989; Barrera & Kramer, 1997). Similarly, Lynch and Hanson (1993) describe cross-cultural competence more as behaviours, including linguistic diversity, from a provider perspective. The commonalities of these definitions suggest cultural competence has multiple components that address attitudes, knowledge, skills and actions.

Two key differences exist between the shared American and Canadian perspectives and differ from the New Zealand perspective. First, is the inclusion of the institution and the individual within cultural competence models. Second, the American approach indicates that a number of steps are required to move along a continuum in order to improve the services for healthcare consumers (Cross et al., 1989; Campinha-Bacote, 2002a). The
latter, involving models that focus on cultural competence in both cross-cultural and transcultural contexts, will form the discussion within this section of the literature review.

The work by Cross et al. (1989) forms the foundation for definitions of cultural competence in the United States with DeSantis (1990) initially raising the conversation of cultural competence in the practice of nursing. Cross et al. (1989) define factors that must be present in order to progress along a cultural competence continuum and seem to apply this to organisations as well as individuals. The concept is that either can follow the same continuum and move through linear stages of competence. There are five stages in Cross et al.’s continuum: cultural destructiveness, leading to: cultural incapacity, leading to: cultural blindness, leading to: cultural pre competence, and finally advanced cultural competence. Destructiveness is at one end of the continuum where prejudices and negative attitudes towards cultural groups are present. At the other end is cultural proficiency (advanced cultural competence) where there is motivation to make changes to practice, based on cultural knowledge (Cross et al., 1989; Daly, Speedy, & Jackson, 2007). The model assumes that clinicians and healthcare institutions all start within the range of cultural destructiveness. However, this assumption is based on the belief that all people are the same in relation to their journey in cultural competence and thus shows some gaps in application.

Cross et al. (1989, p.10) go on to add that:
Culture refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. “Competence” implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices, and needs presented by patients and their communities.

This definition implies that cultural competence has a number of interdependent components that need to be adjusted in relation to the patients’ needs and involve both systemic and program elements. The approach infers that practitioners reach a stage of proficiency and that cultural competence can reach an end point. This is deemed to require a coordinated and comprehensive plan to support the efforts of individuals and as such includes strategies to address policy making, infrastructure building, workforce development, program administration and evaluation and service delivery (Cross et al., 1989).

Campinha-Bacote (1999) defines cultural competence from an American nursing perspective as a personal continuum from cultural awareness, leading to cultural knowledge, cultural skill, cultural encounters and finally the end point of cultural desire. At the individual level, cultural competence may be regarded as the ability to identify and challenge one’s cultural assumptions, one’s values and beliefs (Campinha-Bacote, 2002b). It is about developing empathy and connected knowledge, the ability to see the world through another’s eyes, or, at the very least, to recognise that others may
view the world through different cultural lenses (Campinha-Bacote, 2002b; Fitzgerald, 2000). This model reflects a linear journey and has been refined alongside Leininger’s (1991) approach (discussed later in this chapter) (Campinha-Bacote; 2002b, Andrews & Boyle, 2012; Pacquiao, 2012; Schim & Doorenbos, 2010).

As suggested earlier in this chapter, American and Canadian perspectives on cultural competence are seen to have applications on both the institutional and individual levels. The practice aspect of cultural competence adds important skills components to the domains of knowledge and awareness. An additional important aspect of cultural competence is the notion of reciprocity. This emphasises that the development of cultural competence involves a two-way learning process between the organisation and the individual (that is, the nurse and/or client) (Campinha-Bacote, 2002b). Cultural competence is much more than awareness of cultural differences as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services (National Health and Medical Research Council [NHMRC], 2005).

Wells (2000), also from an American nursing perspective, aligns cultural competence on a continuum, represented through a matrix that can guide the practitioner and their institution. The matrix views the continuum as development from culturally incompetent to culturally proficient, suggesting an end point of competence and, like the Cross et al. (1989) model, has been suggested it can be used to improve the cultural competence development of
both individuals and organisations. Ranzijn et al. (2008) outline the important implications of the model. This process is about being sequential and fluid (can move from stages at any time) and thus highlights that ‘one-off’ cultural awareness workshops and skills are unlikely to enhance the application of the model’s use of knowledge and skills. This model has been accepted by the Centre for Indigenous Studies at Charles Sturt University as the platform for understanding cultural competence at Charles Sturt University (CSU, 2013); later it was adopted by Australian researchers for the area of psychology undergraduate students (Ranzijn et al., 2008). (The role of the Centre for Indigenous Studies at Charles Sturt University has been discussed in Chapter 1.)

Cross-cultural models in America and Canada

A well-discussed component of American and Canadian cultural competence models is the ability of the models to be applied across cultures. Cross-cultural competencies are defined as the skills to quickly work in an environment that is different from one’s own (Jeffreys, 2010b; Orlandi, 1992; Sue, Arredonod, & McDavis, 1992; Suh, 2004; Wells, 2000). Barrera and Kramer (1997), writing from an early childhood perspective in the United States, suggested subtle systemic biases exist in how cultural diversity and cross-cultural competency are viewed and constructed.

The implicit construct is that one culture is the sole referent against which others are compared. This perspective perpetuates the ‘us vs. them’ dichotomy being questioned in the nursing world (Wells, 2000) and also
validates the cross application of cultural competence in the caring professions (Jeffreys, 2010a; Orlandi, 1992; Sue et al., 1992; Suh, 2004; Wells, 2000). The discussion of culture as a common dynamic process generates a more inclusive context for the discussion of differences. However, as already highlighted, the way in which culture is defined varies and is a well-explored construct in many nations.

For some, culture is broadly defined to include differences based upon economic status, sexual orientation, gender and lifestyle. Others focus more on ethnic, racial and linguistic differences. While basic assumptions about culture and differences in America vary in typology, these assumptions influence the cross-cultural models, approaches, methods and strategies used for personnel development (Hains et al., 2000).

Hains et al. (2000), writing from an educational pedagogical stance, argued against the use by educators of ‘cross-cultural competence’ as the chosen terminology for relationships between cultural groups often requires the understanding of more than one culture. This model sees the sequential continuum as a personal journey that is focused on moving individual worldviews through a process of ethnocentric focus\(^6\) to an ethno relative\(^7\) condition that will stimulate greater intercultural sensitivity. Hains et al (2000) contest that development focused on specific cultural groups is ineffective. Instead, focus needs to be on skills in cognition, such as critical

\(^6\) The idea that one’s own culture is superior to others (Brach & Fraser, 2000).

\(^7\) The opposite of ethnocentric, being comfortable with many different cultural groups and able to adapt behaviour and judgements (Bennett, 1993).
reflection. Bennett (1993) writes from an educational viewpoint and concurs with Hains et al. (2000), seeing cultural competence as a model of sequential development of intercultural sensitivity, which is viewed as a consequence of cognitive processing (Merryfield, 2003).

Bennett’s model focuses on understanding and is both linear in its continuum and supports cross-cultural application. The stages in this model move from denial, defence, minimisation, acceptance and adaptation to integration (Bennett as cited in Grote, 2010). The first three phases are characterised as ethnocentric in that the individual’s own culture continues to represent the reality through which experience is construed. For example, in the denial stage, individuals recognise only their own culture as the ‘real’ one. During the defence stage, they begin to acknowledge the existence of other cultures. However, at this stage their worldview structure delimits their understanding, they see their own culture as the ideal and other cultures as inferior, limiting the application and relevance of the model to promoting change that positively influences care (Bennett as cited in Grote, 2010, pp. 15–16). If we compare this to the Cross et al. model (1989) (discussed earlier in this chapter) the final stage of the continuum being cultural proficiency, where both the organisation and individual hold culture as overarching determinants in all aspects of policy and care delivery. We can see the diversity in continuum based linear models of cultural competence and the value placed on cross-cultural contexts within American and Canadian perspectives.
Transcultural care from American and Canadian perspectives

Leininger (2002a), a well-known American nursing academic, has written extensively on the essence of nursing being ‘care’ and, from this, she links the cultural care theory to her model of transcultural nursing. This model has been used extensively in nursing curricula (Leininger, 1993a; 1999; 2002a). Leininger suggests and her model indicates that the phenomena of ‘care’ had cultural contexts that were not fully known or valued in the nursing profession (1978).

The cultural care theory has anthropological roots with the purpose and goal of the theory used to provide culturally congruent, safe and meaningful care to clients of diverse or similar cultures (Leininger, 2002a). The model is linear, cross-cultural and focuses on cognition; it suggests using assessment techniques that are inclusive of 10 principles that practising clinicians should consider as a guide for practice (Shen 2015; Leininger 2002c). The model has been reinvigorated in teaching cultural competence in American nursing schools since the New York twin towers terrorist event of 2001 (Leininger, 2002a). This model has been contested as relying only on nursing behaviour, in particular nursing attributes and thus not highlighting the implication of behaviour on health outcomes (Wells, 2000). The Purnell model of cultural competence, on the other hand, considers 12 domains that are important for the nurse to consider and relies on the nurse being able to assess, using the domains within practice (Purnell & Paulanka, 2003). The Purnell model claims to have application transculturally. However, the practice-based approach of the model reveals major assumptions that the
underpinning of all cultures has similarities (Purnell, 2002), that do not always represent best care to all cultural contexts and rely on both the organisation and individual working together.

Both models reveal nursing attributes in culturally competent care that are broadly the result of nursing belief systems, knowledge and skills (Jeffreys, 2010a; Orlandi, 1192; Sue et al., 1992; Suh, 2004; Wells, 2000; Purnell & Paulanka, 2003). The models do not suggest ways to develop attributes.

**Australian Perspectives**

Contemporary Australian models of cultural competence in nursing currently adopt the New Zealand approach to culturally safe practice. Carberry (1998), writing from an Australian nursing perspective, suggests that competency alone is dangerously insufficient as the organising principle. She contests that the way to being culturally safe through the nurses’ competence in delivery of cultural care is foundationally flawed through the power imbalance between nurse and client. The mere fact that individuals can be excluded from health professional expert knowledge and ‘othered’ (p. 10) suggests that models need to move beyond safety.

Carberry (1998) argued robustly in the late 1990s that current frameworks of cultural competence need to be challenged and resisted, adding that the ethnocentrism, how it shapes our thinking and how this then evolves into practice, needs to be addressed in nursing theory. In other words, the questions we ask or do not ask, our receptivity and availability, all impact
on outcomes, regardless of the frameworks in place (Carberry, 1998). From this space of thinking, models within the context of Australian nursing practice have evolved. There is a growing body of work on cultural competence that has been produced to respond to the Australian context as the professions engage and work with Indigenous Australian peoples (Mooney et al., 2005; Paul, Carr, & Milroy, 2006).

More recent research in Australia has indicated that cultural competence training has resulted in preparedness to work with Aboriginal people (Paul et al., 2006; McRae, 2008; Hunt et al., 2015), a greater understanding of health challenges for Indigenous Australian people (Mooney et al., 2005) and improved relationships between Indigenous Australians and non-Indigenous Australians, all of which can enhance access to services (Si et al., 2006). Education of Australian professionals in cultural competence is believed to be paramount (Hunt et al., 2015).

Professions play a key role in curriculum design and approval within the Australian higher education sector (Ranzijn et al., 2008). For example, the Australian Nursing and Midwifery Accreditation Council (ANMAC) following recommendations provided by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (2003) has mandated the inclusion of a cultural competence core subject in all undergraduate Bachelor of Nursing courses (ANMAC, 2013, 2014). This view indicates that foundational cultural competence learning can be achieved in one subject within a curriculum. The onus is on educators providing learning
opportunities to educate and prepare nurses for delivering their services in culturally appropriate ways. Achieving this requires support at an organisational level (Grote, 2010).

The following Australian definition of cultural competence has been drawn from the Report of Indigenous Higher Education Advisory Council (IHEAC), a council that provides advice to the Australian government on higher education, research and training (2007) Annual Conference, Ngapartji Ngapartji Yerra This is a widely accepted definition used in Australia and has defined Indigenous Australian cultural competence in the subject delivery that is discussed in this thesis (refer to Chapter 1):

Cultural competence is the awareness, knowledge, understanding and sensitivity to other cultures combined with a proficiency to interact appropriately with people from those cultures in a way that is congruent with the behaviour and expectations that members of a distinctive culture recognise as appropriate among themselves. Cultural competence includes having an awareness of one's own culture in order to understand its cultural limitations as well as being open to cultural differences, cultural integrity and the ability to use cultural resources. It can be viewed as a non-linear and dynamic process which integrates and interlinks individuals with the organisation and its systems (Report of IHEAC Annual Conference, 2007, p. 5).
This definition forms an understanding of cultural competence from an
Australian context. Of notable interest in the above definition is that culture
is seen as not static, rather, it is responsive to dynamic factors, therefore,
models depicting a static end point would be problematic. More recently,
this definition has been further expanded by Universities Australia (2012)
further defining the incorporation of institutional cultural competence as
paramount in the development of approaches being mandatory to student
development. Exploration of experiences and outcomes of cultural
competence in nursing will now be explored.

The experience and outcome of cultural competence
development of students enrolled in nursing in Australia

Currently, health culture is delaying treatment and access of health services
to Indigenous Australian clients (Chong, Renhard, Wilson, Willis, & Clarke,
2011). Nurses make up 57.8% of the healthcare workforce (AIHW, 2016).
Therefore, they are seen as an integral link to improving the health ‘gap’ in
mortality, morbidity and health service equity. Extended skills and
knowledge of rural and remote nursing as a speciality have been considered
key objectives to achieving cultural competence (McConnell & Carson,
2011). The manifestations of cultural competence in health require
Indigenous Australian people linked to self-efficacy in health outcomes and
hospital staff, including nurses, understanding culture to ensure best health
practices are maintained.
Cultural competence has been globally embedded in nursing courses as a major facet of transcultural learning from the 1970s (Nash, Meiklejohn, & Sacre, 2006). Many scholars consider that cultural competence is an essential component of the curricula for the health professional and is critical for cultural awareness, the sensitivity to differences that exist between two cultures (Camphina-Bacote, 2000), cultural safety (see definition on page 30), and cultural respect, the recognition and protection of cultural rights and traditions (Brach & Fraser, 2000; Carpenter et al., 2002; Downing & Kowal, 2010; Gunstone, 2004; Nash et al., 2006; Sargent, Sedlak, & Martsolf, 2005; Stewart, 2006). Some scholars have argued that competence in culture is something that occurs over a lifetime and current integration in tertiary level curricula should be referred to as being a step in cultural understanding (Mazel & Anderson, 2011). Cultural competence has the potential to promote more effective and meaningful pathways towards self-determination for all Indigenous Australian people. Therefore it is deemed to be a very important aspect of undergraduate nursing curricula (Ganguly, 1999). Even though cultural competency training programs exist, outcomes remain to be tested (Mazel & Anderson, 2011).

The efficacy of these programs in increasing cultural competence and improving the health of Indigenous Australians remains largely untested (Paul, Sansen-Fisher, Stewart, & Anderson, 2010). Internationally, tools have been established and refined (Camphina-Bacote, 2003; Dorrenbos, Schim, Benkert, & Borse, 2005; Papadopoulos, Tilki, & Taylor, 1998) that test the level of cultural competence achieved by the nurse, with results being self-reported and dialogue around reliance and retesting still evolving.
Internationally, evidence shows cultural competence training supports positive changes in health outcomes for minority populations (Braun, Fong, Kaanoi, Kamaka, & Gotay, 2005; Cook, Grothaus, Gutierrez, Kehoe, & Valentin, 2010; D’Silva, Schillo, Sandman, Leonard, & Boyle, 2011). In Canada, America and New Zealand there are also well documented health outcomes linked to strategies around cultural competence in nursing curriculum that suggest cultural competency courses are improving the health care provided for Indigenous populations (Anderson & DeCoteau, 2011; Jones, 2011; Paul, Allen, & Edgill, 2011).

In Australia, evaluations show the quality measures used by universities embracing cultural competency training in curricula, learning in students and impact on health for Indigenous communities. The wider health workforce team, that have delivered training have reported that using the pedagogy around Indigenous Australian cultural competence, had positive change in attitudes, perceptions or confidence in communication skills (Anderson & DeCoteau, 2011; McRae, Taylor, Swain & Sheldrake, 2008; Paul et al., 2006; Mooney et al., 2005). However, no research on the effects or meaning derived by students studying cultural competence was found for nursing education in Australia.

The current health status of Aboriginal and Torres Strait Islander people places a significant emphasis on the successful delivery of cultural competence courses (Nash et al., 2006). One of the first recommendations to
Parliament in the *Ampe Akelyernane Meke Mekarle “Little children are sacred”* Report (Anderson & Wild, 2007) was that cultural competency training ought to be undertaken by all health professionals. Professional nursing organisations within Australia also see the importance and value of such cultural competence courses and their ability to influence change and direction in populations of employees in health policy and delivery (Adams, 2010). Although there is a sense of urgency regarding their use, little evidence exists to show any impact on Indigenous Australian health outcomes.

In December 2008, the Bradley Review of Australian Higher Education recommended that:

> Indigenous knowledge should be embedded into the curriculum to ensure that all students have an understanding of Indigenous culture. It is critical that Indigenous knowledge is recognised as an important, unique element of higher education, contributing economic productivity by equipping graduates with the capacity to work across Australian society and in particular with Indigenous communities (Bradley, Noonan, Nugent & Scales, 2008, Chapter 3.2 p. xxvi).

As a consequence, cultural competency training has been embraced by a large number of universities internationally, covering a wide range of courses and faculties (Adams, 2010; Anderson & DeCoteau, 2011; Ganguly, 1999). It was further indicated by the *Review of higher education access and outcomes for Aboriginal and Torres Strait Islander People: Final Report*
(Behrendt et al., 2012) that Indigenous Australian cultural competence needed to be mandated in all health-related courses. Many scholars consider that cultural competence is an essential component of the curricula for the health professions (Carpenter et al., 2002; Downing & Kowal, 2010; Gunstone, 2004; Nash, et al., 2006; Sargent et al., 2005; Stewart, 2006). Professional organisations in nursing within Australia have also stressed the importance and value of cultural competency training (Adams, 2010). Providing nurses with cultural competency training has been proposed as a solution to assist with improving healthcare service provision to Aboriginal and Torres Strait Islander people, which in turn is proposed to improve their health (Arthur et al., 2005).

Cultural competence training has been linked with the improvement of health and is a step towards the reconciliation process (Hetzel, 2000; Ring & Elston, 1999). Health care that is culturally safe and responsive to cultural values, beliefs and practices will assist in ethical, clinical, accreditation and regulatory requirements of undergraduate nursing curricula. It has been theorised by one Australian university that the way forward for this to happen is through the embedding of Indigenous Australian culturally competent content in their curricula (Nash et al., 2006).

Indigenous Australian cultural competence is considered to be an important practice element in nursing in Australia (Chenowethm, Jeon, Goff, & Burke, 2006). The development of the Aboriginal and Torres Strait Islander Health Curriculum Framework (Commonwealth of Australia, 2016) provides a
guide for health curriculum integration by offering suggested capabilities for graduates to which they can aspire. The nursing accreditation body within Australia is yet to mandate this framework within professional guidelines for educational providers (ANMC, 2015). As well, the impact of training on students’ skills has not been explored in Australian nursing faculties (Dowling & Kowal, 2010). Limited research exists on cultural competence and overall student learning experiences or outcomes (Downing & Kowal, 2010; Gridley, Davidson, Dudgeon, Pickett, & Sanson, 2000).

Exploration in a broad range of professions within Australia of completion of a short course\(^8\) found minimal change in perception (Mooney et al., 2005), increased listening skills and awareness, particularly around cross-cultural discussions (Mathews et al., 1993; Watts & Carlson, 2002) and novice understanding of complexities in cultural competence within health care (Mak, Plant, & Toussaint, 2006). Further studies revealed participants identified the short course introduced new terms to health care, like cultural safety and cultural competence. However, participants were confused as to how these could be implemented into nursing practice (Johnstone & Kanitsaki, 2007).

Alternate studies identified short courses as worthy, due a broad range of specific skills participants had acquired (Watts & Carlson, 2002; Kowal & Paradies, 2003; Paul et al., 2006). Acquired skills cited by participants were awareness of own culture (Watts & Carlson, 2002) and communication

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\(^8\) Shorts courses ranged from 1-5 day workshop style courses
skills between Aboriginal and non-Aboriginal people (Paul et al., 2006), with one study citing that participants felt the course useful in generating change in practice (Kowal & Paradies, 2003). One study found that the delivery of cross-cultural competency training was of concern to participants with the preferred method being face-to-face workshops, thus raising awareness that methods of delivery are important (Valadian, Chittleborough, & Wilson, 2000). It seems that currently, the focus of Australian healthcare training in the area of Indigenous Australian cultural competence is on cultural awareness that is primarily delivered by short courses with limited outcomes documented in the literature.

Interestingly, quantitative approaches to research in cultural competence and perceptions found a mixture of outcomes. One study reporting on a short course showed little difference in individual practitioner’s views pre and post training (Mooney et al., 2005). Another quantitative example from the Western Sydney University involved medical students who had completed self-reported reflective audits after completing a unit of cultural competency training within a Bachelor degree. This study illustrated that students experienced a shift in knowledge in cultural awareness, cultural respect and cultural safety, the components of cultural competence (Mazel & Anderson, 2011) which raises discussion on the possible effects of embedding Indigenous Australian cultural competence in curricula. Single subject’s value have been questioned and the suggestion they can lead to further health education disparities has been raised. Instead, single subjects can be perceived as tokenistic subjects that give curriculum accreditation and do not improve or add knowledge to Indigenous Australian health outcomes.
(Downing & Kowal, 2010). Some research within the Australian context has shown that cultural competency training needs to be embedded clearly into a curriculum (Nash et al., 2006). That said, single unit subjects have been shown to be ineffectual if they are not integrated and scaffolded into the curriculum (Ranzijn et al., 2008). Therefore, integration of content into courses is important.

The need for skills in reflection and lifelong learning is considered paramount to developing cultural competency and these skills are also considered to add to the clinicians’ ability to communicate with minority populations (Munoz, DoBroka, & Mohammad, 2009). Internationally, reflection and lifelong learning have been supported as key in cultural competence education (Campinha-Bacote et al., 2007) providing a step-by-step guide on how these specific skills are beneficial in cultural competency curricula. It has been suggested that training programs focused in Indigenous Australian cultural competence need to be consistent and comprehensive across Australian universities within Bachelor of Nursing programs to ensure that graduates are well-prepared and institutional racism can be combatted (Spencer, Macdonald, & Archer, 2008). One researcher has drawn the conclusion that these specialist skills of self-discovery and reflection are acquired through working with Indigenous Australian populations as both recipients of health care and co-worker professionals. Indigenous Australian cultural competence skills need to be embedded in the curriculum to ensure that professional attributes are examined at an undergraduate level (Hovane, 2003).
Factors such as consistency of teaching, what to include, and how content is best delivered were also not covered well in Australian reviews of cultural competency within courses, particularly in nursing. This may be because compulsory inclusion of cultural competence subjects in health-related courses is a relatively new concept, yet to be researched (Ranzijn et al., 2008). Developers of a psychology curriculum in an Australian regional university made the conscious decision to include content as a stand-alone course (Ranzijn et al., 2008). However, reviews showed some students perceived an ‘us-and-them’ mentality with thoughts that the subject had the potential to exacerbate existing stereotypes and attitudes (Ranzijn et al., 2008).

Even though there are many cultural competency training programs, the efficacy of these programs increasing cultural competence and improving the health of Aboriginal and Torres Strait Islander people remains largely untested (Clifford et al., 2015). In Canada, the United States, and New Zealand, evidence suggests that cultural competence courses are improving the health care provided for Indigenous populations (Mazel & Anderson, 2011; Jones, 2011; Paul, Allen, & Edgil, 2011). However, no evaluations of the effects or meaning derived by students studying cultural competence were found for nursing curricula in Australia. The development of the National Best Practice Framework for Cultural Competence, an outcome from the Indigenous Higher Education Advisory Council (2007), described a set of congruent skills and behaviours for educational providers to align curriculum and teaching, in an Australian context. However, how this framework is applied at a subject/curriculum level is yet to be empirically
tested. Thus, the evidence is still unclear regarding the perceptions and development of cultural competence education in nursing.

In Summary

A gap in research exists on the development of cultural competence within Australian nursing programs. Therefore, this research has been designed to provide insight into students’ lived learning, perceptions, experiences and development surrounding Indigenous Australian cultural competence. The aim was to provide recommendations for learning and teaching in cultural competence in the Australian nursing context.
Chapter 3. Methodology

This chapter will provide a rationale for the chosen methodology, hermeneutic phenomenology, and will be presented in three major sections. Section one will explore the philosophical underpinnings of the study in order to introduce hermeneutic phenomenology and the importance of this approach. Section two will explore the methods used in undertaking this study, inclusive of the exploration of the research questions, aims, recruitment and data collection. Section three will expand further on the methods and detail the data analysis process, informed by hermeneutic strategies that assisted in revealing the themes.

Philosophical Framework

This section will explore the ontological and epistemological stance, introduce hermeneutic phenomenology and explore the importance of this approach to Indigenous Australian cultural competence research.

Ontology

In hermeneutic phenomenology, it has been acknowledged that a person’s history cannot be detached as it influences individual worldviews (Laverty, 2003). Heidegger’s (1962) position goes some way to explaining that while our backgrounds are inclusive of our culture, they are handed down to us and present ways in which we see the world. His work further informs us that we cannot separate a person from their background understandings and that each encounter involves an interpretation informed by an individual’s
background or personal history (Laverty, 2003). In other words, interpretation is critical to understanding. Hermeneutic phenomenology has been described as the study of human cultural activity as texts with the final result revealing meaning behind specific phenomena (Kvale, 1996).

Ontology, the study of being or existing in the world, refers to the question “whether or not there is a single objective reality” (Liamputtong, 2010, p. 11). This research involved the stance that detached objectivity is impossible. Culture, the underpinning determinant in this research, is socially constructed and has psychological links with one’s sense of personal history (Clarke, 2008; Ranzijn, McConnochie, Clarke, & Nolan, 2007). Culture represents and relates to groups who together share common values, beliefs and associated ‘norms’. Cultural groups shape their worldviews and thus make the way that members live their lives ‘right’ for ‘us’ and different to others (Jenkins, 2006). Munhall (1989) further supported this notion within Heideggerian literature by exploring the view of people being not in control of their cultural, social and historical contexts which are multifaceted. These contexts can lead us to understand that identity and our social influences affect the way we are in reality and the experiences we have, making each reality unique and socially entwined (Foucault, 1980). As the ontological stance of this research project’s design supported the notion that culture, social identity and social influences cannot be detached, this research was suited to a qualitative research design that supported inductive questioning of a phenomenon.
To provide further context to the ontological stance of this project, consideration was given to the geographical location of the research, in Australia. Within the Australian setting the white culture is the dominant culture in both cultural cues and population (in a broad sense) (Dudgeon, 2016). White culture holds the power and is the lens through which politics, health and education are constructed; white people can move freely throughout and do not have to ‘prove’ themselves, from a cultural sense (Ranzijn et al., 2008). It has been suggested that there is an element of invisibility in whiteness with the direct contrast being a discourse of racial micro aggressions (Derald et al., 2007). To use a Foucault (1980) metaphor, white Australians can be seen as the observers in the panopticon and less dominant Indigenous Australians are observed – the Northern Territory intervention being a most recent example of this phenomenon – along with the forced closure of communities in the Northern Territory and Western Australia in 2015. This links power as a form of privilege that supports the dominant culture’s construction (Foucault, 1980) and contributes to the discussion about the impact of culture to our being in a world with multiple realities (Evans & Nott, 2015; Foucault, 1980; Toohey, 2008) relevant to this project’s research design.

The underpinning essence of cultural identity is difference. How we see ourselves in comparison to others influences our cultural identity (Fanon, 1967). Belonging to one group leads to difference and with difference comes ‘othering’ (Clarke, 2008); we then socially align our understanding

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9 The Northern Territory intervention was introduced in 2007 as a government response to the Ampe Akelyername Meke Mekarle ‘Little children are sacred’ Report.
of cultural groups through the discourse of the powerful groups in our communities (Fanon, 1967). In this research, the cultural and social lived experiences of participants were paramount in unearthing the phenomenon of Indigenous Australian cultural competence in a Bachelor of Nursing program. In addition, these experiences were unique to each individual and reflective of their personal history and previous experiences, yet grouped together, common threads of meaning were established. This linked back to the rationale for the ontological stance of the project.

**Epistemology**

Epistemology is concerned with the nature of knowledge and how knowledge is generated (Denzin & Lincoln, 2000). Knowledge has been explored in the social construction of people (Denzin & Lincoln, 2000). Social construction is key to understanding the essence of the phenomena through the exploration of participants’ meaning of experiences and social realities (Liamputtong, 2010). In this research, the ontological stance of social construction drove the research questions that sought meaning from the experiences of students in their journey of Indigenous Australian cultural competence. The epistemological stance adopted was constructivist; that is, it explored meaning that participants constructed through their experiences of the phenomenon of Indigenous Australian cultural competence.

Researchers adopting a constructivist approach reject the notion of a single truth. When one adopts this approach in research design there can be many
truths to a single experience with knowledge being constructed through experience (Liamputtong, 2010). Research questions adopted in this approach seek meaning through in-depth exploration of experiences, in the case of this research, the experiences of undergraduate students.

Experiences are reconstructed through writing as a part of the analysis process (van Manen, 1990) in order to see a phenomenon and unearth new knowledge. In this project the paradigm of knowledge produced a reconstructed view of the social world that was informed by individual participant experiences and thus led to a phenomenon of thinking (Lincoln, 2011). For instance in this research, the exploration of participant experiences around their clinical placements led to the notion that connection (and related sub-themes) was an important phenomenon in learning experiences (see Chapter 4).

**Hermeneutic Phenomenology**

In the words of van Manen, the task of hermeneutic phenomenology is to “construct a possible interpretation of the nature of a certain human experience” (1990, p. 10). Hermeneutic phenomenology as methodology is congruent with a constructivist view and lends itself to the ontological stance of multiple realities (Denzin & Lincoln, 2000). In this research, the phenomenon of Indigenous Australian cultural competence in nursing was interpreted and reconstructed to show or reveal multiple realities. The research approach creates a process of interpretation by the researcher (Guba & Lincoln, 1994) and the participant, regarding participants’ lived experiences of Indigenous Australian cultural competence. The
interpretation relies heavily on the hermeneutic circle (discussed later in this chapter) to bring the experiences to life and reveal the phenomenon. This process relies on not only the participant’s interpretation of their experience but also the interpretation of the researcher through writing that brings the phenomenon to life (van Manen, 1990). The methods of hermeneutic phenomenology do not assume to understand the participant’s lived world rather, meaning is constructed by the participant (Liamputtong, 2013).

Hermeneutic phenomenology has several recognised elements that are evident in research within this paradigm. Hermeneutic phenomenological research follows pragmatic paradigm principles at different stages of the research process that seek to develop a deeper understanding of the phenomena (Trede, Higgs, & Rothwell, 2009; Kuhn, 1962). As this study aimed to develop a deeper understanding of nursing students’ experience of Indigenous Australian cultural competence rather than emancipation, a philosophical approach underpinned the research methods (discussed later in this chapter). Four overarching principles were upheld in this philosophical stance. These were the research being held within an interpretive paradigm, orientated through language and history, is reflective and uses hermeneutic conversation (Kinsella, 2006). They align with the methods implemented within this research project that were informed by three scholars Gadamer (1992), van Manen (1990) and Finlay (2011).

Seeking to understand a phenomenon

Hermeneutic phenomenology originated from Heideggerian exploration of interpretive philosophy. Heidegger (1962) explored the notion that
description is already interpretive and expanded this to the understanding that all human awareness was interpretive. Gadamer (1992) and Ricoeur (1981) furthered the notion that human meaning is interpretive. As will be discussed later, the interpretive nature of hermeneutic phenomenology involves researchers reflecting on presuppositions or existing knowledge (Liamputtong, 2010). In addition, researchers encourage participants to describe meaning, relations and physical experiences that contextualise the lived experience. This then actualises the world which we ‘live in’ to ‘being’ in the world, in a certain way (van Manen, 1990). Hermeneutic phenomenology draws out the essence of something that is seemingly very ordinary and illuminates the underlying phenomenon (van Manen, 1990).

An interpretive paradigm

To distinguish hermeneutic phenomenology it is useful to discuss its interpretive nature and how it differs from the wider space of phenomenology. Phenomenology has been used in nursing for some decades, originating in the late 1980s when Reeder (1985) adopted the methodology in understanding the evolving practice of nursing care as it helped make sense of situations from multiple viewpoints and lenses, for example, nurse, caregiver and client. Phenomenology is still regularly used today in nursing research but has received criticism for being mainly descriptive in its approach to revealing participant experiences in relation to a phenomenon rather than developing understanding through a philosophical framework that generates appropriate methods (Matua, 2014). The interpretive researcher, within the hermeneutic phenomenological
space, is interested in the life world (being-in-the-world) experiences that humans have and how these influence individuals’ lives (Heidegger, 1962). Researchers adopting this methodology seek to derive meaning from living knowledge (van Manen, 1990). Hermeneutic phenomenology, unlike other types of phenomenology (e.g. positivist Husserl, post-positivist Merleau-Ponty), cannot exist without interpretation (Heidegger, 1962).

The orientation of interpretation

It is not the pure content of human subjectivity that is the focus of hermeneutic inquiry rather, it is the narratives that imply the everyday experiences (Heidegger, 1962). The important concept in interpretive inquiry is freedom. We are free to move and think in our world albeit within the realms of experienced social, political and cultural paradigms. We then make choices with this freedom (Lopez & Willis, 2004). Situated freedom is the “existential reality of human beings from which all meaning arises” (Sartre, 1993 as cited in Lopez & Willis, 2004, p. 729) and becomes the location of the interpretation. Gadamer (1995) notes that perspectives arise from a specific social or cultural lens of the researcher’s perceptions of participant experiences and pre understanding that influence interpretation – this will be discussed later in this chapter. The interpretations within this paradigm of research will always be partial and impossible to reach an end point as objectivity has multiple realities. For this reason, the use of critical reflection is considered pertinent (discussed further in this chapter).
It is argued by Finlay (2011) that the interpretive nature of hermeneutic phenomenology differs from other forms of phenomenology in that the approach prioritises the data with a focus on the participant and the sense they make of experiences, revealing a new phenomenon. The researcher gathers and prioritises the transcribed interviews of the participants’ lived experiences to ensure that the phenomenon articulates the meaning driven from participants’ experiences.

Three strands of phenomenology were considered in the design of this research project: critical, descriptive and philosophical. Critical hermeneutic phenomenology seeks emancipation through unreflected assumptions (Trede, Higgs, & Rothwell, 2009). Descriptive phenomenology also asks the researcher to hold personal preconceptions, abeyances and experiences separate from the data (Drew, 1999). However, given the previous discussion around culture and ontology this was not deemed possible for this research. Essentially, both descriptive phenomenology and critical hermeneutic phenomenology employ methods such as bracketing which is defined as a place in research where the researcher withholds preconceptions, hunches and preconceived ideas prior to the hermeneutic circle (Finlay, 2011). The possibility of bracketing or being able to ‘bracket’ interpretations on culture as a researcher was not congruent with pedagogy around Indigenous Australian cultural competence, especially when this required individuals to reflect and engage with their own and other cultural understandings (Ranzijn, McConnachie, Nolan, & Day, 2007). Philosophical hermeneutic phenomenology aligned within the interpretive
paradigm, allowing pre understandings to be recognised through interpretations.

It is accepted by interpretive based phenomenological researchers that interpretation needs to lead understanding of life–world experience, rather than just describe experiences (Finlay, 2009; van Manen, 1990). This paradigm is further characterised by adopting a reflective process and a hermeneutic approach (Finlay, 2009; van Manen, 1990).

A reflective paradigm

Hermeneutic phenomenology requires the researcher to question their already established beliefs while examining new evidence of the phenomena by employing a reflective element to interpretation (Finlay, 2009; Halling, Leifer, & Rowe, 2006). Hermeneutic phenomenology requires the researcher to consider their own subjectivity through a rigorous process that allows them to be open to others while being reflective and critically reflexive (Earle, 2010; Finlay, 2009; Gadamer, 1975). As will be explained later, the use of a reflective diary throughout the project was important and allowed for personal thoughts to be captured and revisited in reflection. This was particularly important during data collection and the analysis process to ensure openness and reflection (discussed later in this chapter).

The process of being open to new thoughts while still allowing reflection on self has been considered important in hermeneutic phenomenology (van
Manen, 1990). It has been described as a process of shifting back and forth, looking at personal assumptions and then looking at participants’ experiences with fresh eyes, or truly seeing. This all leads to the interpretive space that this methodology aligns with the aim of reaching the fusion of horizons where interpretations of the researcher align with findings that are true to the experiences of the participants (Finlay, 2009; Gadamer, 1975; van Manen, 1990).

Reflections and reflexivity are essential components in this process (Finlay, 2009). They are seen as essential to the interpretive process and include reflecting upon the multiple roles that a researcher has that might influence the research process (Finlay, 2009; Laverty, 2003; van Manen, 1990). The journey in Indigenous Australian cultural competence also is dependent on critical reflexivity on self (Ranzijn, McConnochie, Day, & Nolan, 2006; Ranzijn et al., 2007; Stewart, 2006; Thomson, 2008), which further validates the use of an interpretive paradigm. Reflections, can be defined as the process of going back over something after it has occurred (Daly et al., 2007) and reflexivity, which is the presence of the investigator on what is being investigated, for example, thoughtful or self-aware (Finlay, 2003). For example, in the instance of this research my role as lecturer in nursing and as a researcher was important and strategies were adopted to ensure reflections were captured and reflexivity occurred (see page 101).

Hermeneutic phenomenology used as method is to interpret, rather than describe participants’ unique experiences. In hermeneutic phenomenology
the researcher’s own experiences of the phenomenon are recognised and reflected upon during the interpretive process (Liampittong, 2013; van Manen, 1990). VanManen identifies that it should be the researcher alone who identifies their pre understandings of the area being investigated (1990). Pre understandings have been described as our existing understandings around a topic (van Manen, 1990), and, in the case of this research, they are our understandings and assumptions on culture. As these have the potential to predispose the interpretation of the phenomenon of culture it is important to articulate them. Congruent with qualitative approaches, this will be done in the first person.

My Pre understandings

Identifying pre understandings was considered important in this research given its interpretive paradigm. Considerations around my own culture and cultural heritage, the identified culture of my immediate family, my primary role as a lecturer within the School of Nursing, Midwifery and Indigenous Health and the role I have had in curriculum design as a lecturer, were all important (as detailed in Chapter 1). Combined with my previous roles as a clinically based registered nurse and nursing educator, all were recognised and reflected upon during the conduct of this research especially during the interpretation of the data. Strategies to reveal existing pre understandings were supported by hermeneutic conversations and assisted to enhance the rigour and trustworthiness of this research.
Hermeneutic conversations are the conversations around assumptions that are made by the researcher between texts and phenomena (Gadamer, 1995). The exploration of language is pertinent in this area of critique and will be detailed later in this chapter as method. The absence of a hermeneutic conversation leads to a descriptive voice of participant experience rather than the meaning derived from experiences that lead to knowledge and understanding of the phenomena.

In summary

The ontological and epistemological stance adopted for this research is congruent with hermeneutic phenomenology, and more specifically philosophical hermeneutic phenomenology. This research used hermeneutic phenomenology as informed by the work of three key scholars, Gadamer (1992), van Manen (1990) and Finlay (2011), with methods that were congruent with this approach at the forefront, ensuring hermeneutic enquiry was reached.

Section two will explore the methods used in undertaking this study inclusive of exploration of the research questions, aims, recruitment and data collection.

Methodology

This section will describe in detail the research methods chosen for this study. The research questions, aims, and recruitment strategies will be
described and rationalised along with data collection methods employed to capture the essence of the phenomenon.

Research questions and aims

The aim of the research was to discover and describe in detail the phenomenon of Indigenous Australian cultural competence through the lived experience of a sample of students within a cohort in an undergraduate Bachelor of Nursing degree. The research questions for this project are congruent with hermeneutic phenomenology as a methodology.

Research Questions

*What is the lived experience of Indigenous Australian cultural competence for undergraduate nursing students?*

- What are the lived experiences and perceptions of student nurses studying a subject designed to address Indigenous Australian cultural competence?
- What are the lived experiences of the journey of Indigenous Australian cultural competence for nursing students across the duration of their course?
- What influences the lived experiences of Indigenous Australian cultural competence for nursing students?
Investigating experience as close to lived as possible

This research focused upon participants’ experiences in order to illuminate new phenomenon associated with nursing students studying Indigenous Australian cultural competence. This aligns with Finlay (2011) indicating that phenomena can be revealed by analysing these experiences. Hermeneutic phenomenology focuses on the meaning individuals derive from experiences they have in their world (Liampputtong, 2010). The underlying philosophy of hermeneutic phenomenology is that through a detailed examination of a participant’s experiences of his or her world, the participant’s world can be revealed and thus through interpretation, the meanings behind a participant’s everyday actions, thoughts and assumptions may be understood (Liampputtong, 2010). Paying attention to the details of a person’s experiences enables a researcher to better understand the factors and dimensions of the phenomenon under investigation (van Manen, 1990). As van Manen (1990) describes, capturing the essence of the experience explicates the meaning at a specific point in time of the experience, the very essence of the phenomenon that is being sought.

Recruitment

The research aimed to capture insight into the phenomenon of Indigenous Australian cultural competence across a three year nursing degree. It was deemed appropriate for data to be collected across three years as, the current model of Indigenous Australian cultural competence within education in nursing within Australia involves the development of Indigenous Australian cultural competence as a progression from basic knowledge to professional
specific skills and understanding (Ranzijn, McConnochie, & Nolan, 2009). Indigenous Australian cultural competence is seen to develop over time. Therefore, recruitment aimed to capture experiences informed by the research questions and conducted across three years: Year 1, Year 2 and Year 3 of the Bachelor of Nursing (BN) course at Charles Sturt University. It is important to note here that recruitment at the end of the second year was unsuccessful; this will be discussed further in this chapter.

All recruitment involved one cohort of students as the aim was to reveal how students’ experiences changed, grew and developed across a three year degree. However, it was not intended to follow the same students because the focus of the research was to seek meaning from the experiences participants had while enrolled in a three year nursing degree rather than the journey of specific students. Capturing a range of students across one cohort of a specific degree enabled meaning to be established from a diverse range of experiences and the development of Indigenous Australian cultural competence across a degree.

As detailed earlier (Chapter 1) each year, learning within the Bachelor of nursing curriculum marked an emphasis on specific skills and knowledge. The first year involved students’ introduction to the nursing profession with exploration around nursing behaviours and two weeks of clinical placement. The second year focused predominantly on the nursing process and required eight weeks of clinical placement. The final year was the transition year into clinical nursing practice. In the final year of study sixteen of the twenty-four
weeks of study involved clinical placement to prepare students for the transition to entry level clinical practice.

To ensure participants were able to provide data that were as close to the experience as possible, recruitment occurred within three months of the first year subject experience, at the end of the second year of study and then within three months of the final year of study.

**Year 1 recruitment**

Year one recruitment involved students at the end of their first year in the Bachelor of Nursing degree. As described in the Bachelor of Nursing course outline (Chapter 1), the first year of study involved a major focus on social justice, primary health care and Indigenous Australian health. In the first year of the degree, students undertook a compulsory core subject *Indigenous Cultures, Health and Nursing* (NRS194) that addressed Indigenous Australian cultural competence. Data collection, in Year one focused on students who had just completed this core subject. Students were recruited during a three month period at the completion of the subject NRS194. This ensured students were as close to the first year experience as possible, what van Manen (1990) describes as a state of living presently in an experience rather than retrospectively.

Purposive sampling was used to recruit students who had successfully completed the subject *Indigenous Cultures, Health and Nursing* (NRS194) (year one core subject in the Bachelor of Nursing) in the second teaching
session of 2012 that ran from July to November. Purposive sampling involves recruitment of participants who are able to provide in-depth information around a specific issue (Liampittong, 2013). Information on the research was provided through the online communication system for the subject. The recruitment information letter clearly detailed that first year student participation was the focus of this research (see Appendix 3). Information about the study and an invitation to participate was also emailed to all students who had completed NRS194. All students who had completed the subject (successfully or not) and were in their first year of study were eligible to participate in the study. Students were invited to express interest in participating via return email. Systems were established to manage the event and more than 20 participants expressed an interest to participate. However, recruitment was challenging and required weekly reminders of the study to the 327 students enrolled, striving to gain their attention to the research project. Nine students from the 327 enrolled expressed an interest to participate in the study and were recruited and interviewed during first year data collection.

Year 2 recruitment

Interviewing in the second year of study was deemed important in capturing the lived experiences of nursing students’ ongoing journey in Indigenous Australian cultural competence. As previously discussed, capturing data at more than one point in the student learning journey in the Bachelor of Nursing was important, particularly given current literature indicates that Indigenous Australian cultural competence is a linear journey (Ranzijn et
al., 2008). The second year of the Bachelor of Nursing degree was a year where students predominantly studied medical nursing, surgical nursing and biomedical science subjects with a focus on anatomical and physiological functions of the human body. The second year of the Charles Sturt University degree focused on the nursing process and assessment rather than foundational nursing behaviours, as described in Chapter 1. As in year one, purposive sampling was used for recruitment in the 2012 cohort of students. However, in this phase only students in the second year of study were eligible.

Information about the study and an invitation to participate was announced to all students who completed Clinical Nursing Practice 2 (NRS294), Discipline of Nursing 3: Inquiry and Research (NRS296), and Health Challenges: Nursing Interventions and Rehabilitation (NRS292) in the second session of 2013 that ran from July to November, via the online communication system for the subject. These subjects were targeted in the recruitment process as they were core subjects in the Bachelor of Nursing at Charles Sturt University with entry to them dependent upon successful completion of nursing subjects in the first year of the degree. All students who had competed the second year subjects (successfully or not) were eligible to participate. Second year students were asked to express interest in participating via return email. In spite of extensive and repeated messages, only two students expressed an interest to participate in the study. Subsequently, neither agreed to participate and this meant that there were no second year participants in this research. This will be discussed in Chapter 9 (with the limitations of the research).
The difficulties in recruiting students for the study may have been partly to do with the time of year recruitment took place - November to February - when Australian university students commence their summer vacation. However, to ensure that participants were interviewed as close to the lived experience of their study as possible, it was deemed appropriate that recruitment continue at this stage of the year. In-depth discussions were held with the supervisory team as to whether or not the research could continue without the second year data. It was decided that the study would be continued, presented within a peer review space, and further discussions would be held after the analysis of the 1st and 3rd year data.

Year 3 recruitment

The third year of study was a transition to professional practice year for students during which they prepared for graduation and professional practice. It was deemed appropriate to capture data at this point when the end of their Bachelor level nursing course was coming to a close. Recruitment occurred in the later part of the year (August to October) to ensure that participants were in a position to respond to the recruitment process prior to graduation so that the data collection was as close to the lived experience of study as possible. Information about the study and an invitation to participate was emailed to all students who were completing Health Optimisation 1: Gerontics Nursing Care (NRS376) and Clinical Nursing Practice 4 (NRS382) in session 2, 2014 via the subject’s online communication system. This helped restrict recruitment to third year students as entry to these subjects was dependent upon the successful
completion of all second year subjects. Students were invited to express interest in participating via return email. In this respect recruitment in phase three was congruent with the process that was detailed in phase one. Six participants expressed an interest in the research and all consented to participate.

Table 1.1 below provides a summary of the participant demographics.

**Table 1.1 Participant Demographics**

<table>
<thead>
<tr>
<th>Year 1</th>
<th>19-24 years</th>
<th>25-34</th>
<th>≥ 35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total 1st Year</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Year 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Total 3rd Year</td>
<td>4</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Total Participants N=15</td>
<td>9</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

The total number of participants was 15.

**Saturation**

The concept of saturation informed recruitment. Therefore, even though 15 students were recruited, data collection could have stopped once saturation was reached. Saturation is a point where no further concepts, new
information or categories emerge from the data (Jirojwong, Johnson, & Welch, 2014). Saturation was considered at recruitment, data collection and again at the analysis phase. Fortunately, it was deemed that in this research, saturation was reached at a total of nine interviews for Year 1 and six interviews for the remaining year. At this point, the data collection was not revealing additional material to inform the research questions and so additional measures to recruit new participants was not needed. During analysis (discussed later in this chapter), I revisited the notion of saturation, particularly after repeated efforts to recruit second year students were unsuccessful. However, the foundational aim of hermeneutic phenomenology is the reconstruction of experience and knowledge of participants (Laverty, 2003) and it was deemed that this was achieved with the data obtained and reached in data analysis.

Data collection

Data collection methods used were congruent with methods adopted in hermeneutic phenomenology. The process of hermeneutic phenomenology requires the researcher to establish meaning from text (Liamputtong, 2010). This process requires the researcher to interpret the individual parts of each participant’s experience in relation to the whole phenomenon, in this instance being the journey of Indigenous Australian cultural competence, known as the hermeneutic circle (van Manen, 1990). The parts of the phenomenon inform the essence of the experience and the whole informs the parts, thus reaching deeper levels of understanding. This research used methods described by Finlay (2009) and van Manen (1990).
The concepts of life world, intentionality and multiple realities are central to the phenomenological components of hermeneutic phenomenology (Finlay, 2009; van Manen, 1990). Life world is a concept originally introduced by Husserl (1970) that has evolved significantly as hermeneutic phenomenology evolved. From the Heideggerian stance that informed this thesis, life world is the study of *how we exist in the world* while intentionality is the concept of *how we find ourselves in the world* (van Manen, 1990). Multiple realities are generally a pre-reflective state in which we are unconsciously aware of our existence. The understanding that life worlds are uniquely different and multiple experiences can inform a phenomenon (van Manen, 1990) was significant to this research design.

Data collection involved a single in-depth semi-structured interview with each participant. The next section will detail the steps taken in the collection of data.

**Semi-structured Interviews**

Interviews are a key data collection method in hermeneutic phenomenology, allowing in-depth exploration of the phenomenon while facilitating freedom to explore thoughts, ideas and concepts (Caelli, 2001; van Manen, 2007; Finlay, 2011). Hermeneutic phenomenological interviews are constructed in ways that establish rapport with interviewees to lead to further conversation on a personal experience and gain material that will allow for further
consideration and depth to be given to a specific phenomenon (van Manen, 1990). Interviews have been considered appropriate for qualitative data collection (van Manen, 1997; Caelli, 2001; Kvale, 2007) with four types commonly used: open-ended interviews, structured interviews, focus groups and the semi-structured interview (Silverman, 2014). Selection of the interview type is dependent upon the philosophical framework of the research and the research questions.

Open-ended interviews involve establishing rapport with the participant, active listening by the interviewer and full flexibility in the interview process (Noaks & Wincup, 2004). Researchers using this style of interview do not have an idea of the questions they would like answered (Polit & Beck, 2017). This research was specifically aimed at the participants’ journey in Indigenous Australian cultural competence rather than their overall learning journey. It was seen to be imperative that the journey in Indigenous Australian cultural competence was at the forefront and, as a researcher, I needed a sense of control in directing the interview to the phenomenon being explored. Therefore, open-ended interviews were not employed.

Structured interviews require the researcher to ensure consistency in each interview (Noaks & Wincup, 2004). This entails the use of specific questions that are posed in a set order (Polit & Beck, 2017). In this research it was considered important to explore participant experiences and identify new understandings in Indigenous Australian cultural competence and
structured interviews would not have allowed the freedom for this to occur. Therefore, structured interviews were not used.

Focus groups involve facilitation of a discussion with a group of participants. This method can often present group dynamic challenges, particularly when there are different personality types that can hamper the capacity for all voices to be heard (Silverman, 2014). Providing an environment where the voice of each participant was equally heard was important in exploring Indigenous Australian cultural competence in this study. An additional consideration was that this method could result in some participants being reluctant to speak because of the subject matter. These were the key reasons for not choosing this method. This decision was supported when, during data collection, participants revealed they were uncomfortable openly engaging in online discussion forums (further discussed in Chapter 4).

The semi-structured interview is neither fully structured nor a free conversation (Liamputtong, 2012). The interviews in this research needed to address the life world of the participant and allow an opportunity for the researcher to seek clarification of participants’ life world experiences. It was important that questions were focused on the research questions and relevant to the participants’ life world. This required the researcher to be sensitive, open to a change in view by participants during the interview, and responsive to ambiguity as life world is not objective (Kvale, 2007). Semi-
structured interviews allowed for this and thus, were the chosen method of data collection.

The semi-structured interviews were conducted either face-to-face or by telephone. Using the two options was a pragmatic decision due to the dispersed geographical location of participants (due to study and placement commitments) enrolled in the Bachelor of Nursing across the State of New South Wales. This approach also enabled students who were studying in online distance education mode to participate in the research. Interviews enabled the collection of rich, in-depth data that is considered important to a qualitative research design (Finlay, 2011; Silverman, 2014) and to explore participants’ perspectives, which align with the constructivist nature of this project.

Building rapport was a critical element for this research, especially given the sensitivities of the subject under investigation. The rapport established throughout the interview process, enabled participants to feel comfortable facilitating their provision of a full and detailed account. When coupled with a semi-structured approach, it enabled the researcher to probe for detail about areas that related to the research questions to encourage participants to reflect, describe and explore their experiences (Finlay, 2011). One example of how rapport building was enacted in this research was during data collection with Joshua in his first year of studies. In the interview, Joshua raised the issue of his sexuality, frequently straying from the focus of the
questions to discuss this. Allowing this was important in establishing trust and developing rapport with Joshua, as well as gaining rich material regarding his experiences in Indigenous Australian cultural competence. Through Joshua’s exploration of his sexuality, he explored his journey of Indigenous Australian cultural competence and provided understanding of his life world.

A themed list of questions was used to guide the interview process (Appendix 5). Participants were given the freedom to share thoughts, experiences and feelings in ways that explored their world, providing insight into their life world. This freedom was important in capturing the life world of the participant and also important in being able to develop a shared understanding of the participants’ experiences. Shared understanding was confirmed by repeating the researcher’s immediate understanding of the experience back to the participants or seeking clarification of the discussion point. Using a themed list allowed for fluid engagement across all areas needed to address the research questions. In addition, this approach enabled exploration of new elements of importance to a deep understanding of the phenomenon of the Indigenous Australian cultural competence journey for nursing students. Therefore, while new questions were posed, questions were focused back to the themed questions to ensure that the interview addressed the research questions.

The questions were open-ended and focused on experiences that contributed to learning in the area of Indigenous Australian cultural competence.
Current media events were used in the interviews such as Adam Goodes' comments on racism in Australia. This aimed to provide a space for participants to explore the context of their Indigenous Australian cultural competence journey in nursing. Using these examples also provided an opportunity for participants to reveal how they existed in the world, as recommended by van Manen (1990). It was interesting that some of these attempts were not successful. Participants seemed reluctant to give their opinion on large media events such as the Adam Goodes’ media discussion, instead, directing the conversation to less personal elements. For example, a discussion ensued about a statement on the direction the nation was taking in the reconciliation journey. The excerpt below shows one example of the use of open-ended questions and a current media event:

Jessica (researcher): I’ve heard so many really positive things about placement and about clinical experience yet, in Australia, I hear about Adam Goodes the football player and what happened with him. I just wondered if you had experienced anything that wasn’t so positive on placement or behind the scenes with other students?

Participant:

*One of the few people on the first placement he was Scottish and he was working in the workplace but he seemed to have a few negative and sort of stigmatised views of what was happening [in Australia]. There wasn’t a very positive conversation.*

---

10 Adam Goodes was an Australian footballer who, after experiencing public racial vilification at a football game (2014), became a leader in racism dialogue within Australia.
My skills as a researcher evolved throughout the PhD journey. I used reflective time pre- and post- each interview, along with a reflective research journal, to assist my growth and skills as a researcher. The journal enabled me to record inferences and cues including smells and sounds that evoked the feel of the interview. This is important in qualitative research as it helps immerse the researcher into the life world of the participant and also assists in providing memory cues (Liamputtong, 2010). Each interview recording was given a name or a sentence that was meaningful to me and helped strengthen the link to participants whilst maintaining confidentiality.

After each interview, time was scheduled that was free from work or other commitments to allow for immediate reflection. During this time, thoughts and feelings that led to immediate impressions of the interview were noted in the research journal (this will be further explained in the section detailing rigour). This was important as it allowed the capture of early impressions and created distance from my lived world experiences around culture in our world. van Manen (1990) discussed the importance of the researcher reflecting. He maintained that the reflective text when re-read has the potential to reveal the known and unknown while still appreciating individual lived experiences of individuals. (A section of my reflections are found as Appendix 9.)
It was important for participants to feel comfortable during the interview, given the sensitive area that we were exploring. In one instance, a room was inadvertently double booked and the interview was interrupted part way through. It meant that the interview was significantly extended due to the need to re-establish rapport and settle back into the rhythm of the interview to collect rich material required for this research.

Field Notes

Field notes are considered an important tool to assist with rigour in qualitative research design (Minichiello, Aroni, Timewell, & Alexander, 1995). Field notes, as a research journal, were used throughout this study and were pertinent during recruitment, data collection and analysis. The research journal was used in two ways: to record the timing and rationale of research decisions, particularly during the analysis phase, and as a record keeping tool of my personal learning journey throughout the research process.

Personal notes and thought processes were recorded in the research journal. These allowed me to record chronologically my thinking around the phenomenon and the methods of the research process. This aligns with the literature by van Manen (1990) and Finlay (2008) and was important in ensuring a systematic approach to the data to reflect a rich, deep approach as opposed to superficial description, congruent with the hermeneutic phenomenological approach. One method that was used to support the use of a systematic approach to data collection and analysis was the
reconstructing of life stories of the participants as short cameos and recording these in the research journal (see Appendix 3) in order to gain depth and insight into the life worlds of the participants.

Research Journal – the first steps of analysis

After each interview a reflection of the interview, inclusive of a short cameo, was captured and formed the initial phase of analysis (further discussed in this chapter). As will be explained later (see page 88), these accounts, when combined as a whole, became a tool for recognising 1st order constructs. This research journal demonstrated the journey in the hermeneutic process as described by van Manen (1990) and Minichiello (2014) and will be further discussed later in this chapter.

Data management

Effective data management is an essential aspect of ensuring privacy and confidentiality of participants along with the rigour of the research (Liamputtong, 2010). In this project, data were maintained in two formats: raw data and partially transcribed data.

Raw data

Each interview was audio recorded using a personal PHILLIPS Voice tracer digital recorder. The interview on the recording device was then electronically downloaded to a password-protected computer. The interview was stored in a file on my personal computer and on a password-protected
external hard drive, to allow for transportation to a transcriber. The transcriber was aware of the protection required for the files and all transcriptions were completed on the password-protected memory stick.

Once an interview was transcribed to a Word document, both files (audio and Word) were saved, using a pseudonym, on both the memory stick (stored in a locked filing cabinet in a locked office) and on a password-locked computer. Transcribed data were modified to ensure there were no identifying factors evident in any of the fifteen documents. The researcher was the only person who had access to the password-protected computer and the locked filing cabinet and therefore, to the identity of the participants.

The research journal (discussed on page 81) was also stored in a locked filing cabinet in a locked office. Pseudonyms were used in the research journal rather than participant names. Great care was taken to protect the identity of the participants.

Partially processed data

Transcriptions of the interviews were uploaded into the electronic database system, NVivo (QSR software program version 10.0). This system, which was used as a data management tool, was on a password-protected computer hard drive. Transcriptions were stored as Word documents saved under participant pseudonyms. Specific words and ideas were stored as nodes and
were viewed in a tree format under each pseudonym file (discussed further later in this chapter).

The NVivo software system assisted in the analysis process in three ways: it allowed for material to be linked together and stored, created a storage portal for ideas and efficiently enabled nodes to be grouped, rearranged and reorganised as the analysis process was undertaken. Nodes are a collection of data around a specific topic area in the NVivo system.

Data analysis

This section will detail the analysis process that was informed by the work of Finlay (2008) and van Manen (1990) and congruent with philosophical hermeneutic phenomenology. As well, this section will describe the hermeneutic strategies employed to reveal themes. It will detail the writing process that embodied hermeneutic alertness and that facilitated the development of themes, followed by measures that facilitated validity, trustworthiness and rigour (terms will be discussed in full on page 100).

Data Analysis

Data analysis involved four distinct phases, using a process that is detailed in Table 3.2.
### Table 3.2 Process of Analysis

<table>
<thead>
<tr>
<th>Phase</th>
<th>Process</th>
<th>Actions in the process</th>
</tr>
</thead>
</table>
| **Phase 1** | **Immersion** | REFLECTIVE PROSE POST EACH TRANSCRIPT/CAMEO (RESEARCH JOURNAL)  
(THAT REQUIRED ENGAGEMENT WITH THE DATA)  
LISTENING  
READING  
UPLOADED INTO NVIVO  
REFLECTION |
| **Phase 2** | **Empathising** | LINGERING OVER CHUNKS OF DATA  
LINGERED OVER SENTENCES AND STARTED TO CODE USING NVIVO |
| **Phase 3** | **Developing an attitude of wonder** | STARTED LINK MEANING BEHIND PROSE TO PARTICIPANT’S RECOLLECTION OF EXPERIENCE.  
LOOKING AT THE DATA FROM WHOLE AND PART  
IN AND OUT OF DATA  
REFLECTING |
| **Phase 4** | **Deconstruction** (deconstructing transcripts – ‘truly seeing’) | REFLECTING ON SENTENCES AND WORDS RATHER THAN WHOLE PARAGRAPHS  
REFLECTING DEEPER INTO THE DATA  
STARTING TO NOTICE COMMON THREADS **PRELIMINARY THEME DEVELOPMENT**  
REREADING TRANSCRIPTIONS AGAIN AND AGAIN. LOOKING AT CHUNKS OF DATA AND CONSTRUCTING BASIC NODES. LOOKING AT YEAR LEVEL DATA. CONSIDERING ALL THE DATA AND HOW THEY ALIGN WITH THE RESEARCH QUESTIONS  
DECONSTRUCTING FURTHER. MIXING THE DATA. CONSIDERING THE DATA AS WHOLE AND PART. **FOUNDATIONAL THEMES** |

These phases, which were not linear and occurred concurrently, were facilitated by hermeneutic circle strategies. Each section within this Table will be discussed in detail in this chapter, followed by discussion of the use...
of the hermeneutic circle and the uncovering of themes. Each of the phases complemented movement through the hermeneutic circle, viewing data as whole and part in both year levels of data. For example, the hermeneutic strategies (discussed on page 88) were implemented in year one data, year three data and then, when both year levels of data were combined, they were implemented in the fourth order constructs.

Four key strategies informed by Finlay (2008) were used to guide the processes that facilitated analysis. The strategies included immersion that required engagement with the data, empathising, developing an attitude of wonder, and finally, deconstructing the transcripts.

**Immersion that required engagement with the data**

An important strategy of analysis was immersion through engagement (Finlay, 2011). During engagement, time was spent fully immersed in the raw data. This is seen as an important strategy for the researcher to make sense of the experience shared by the participant (Finlay, 2011). Shared experience is when the researcher becomes focused on and with the participant and truly listens to their experiences (Finlay, 2011). This required the researcher to be present in mind and not distracted by other matters or by their own understanding of Indigenous Australian cultural competence which requires the researcher to be emotionally open. Finlay and Evans (2008) describe emotional openness as the point where a
researcher is comfortable and ready to respond to uncertainty, ambiguity and not knowing.

Specific strategies were adopted to enhance the capacity to be fully immersed. At times, analysis was conducted in my office space and there were times when I found the office space linking my mind to other areas of my world (academic life). There has been significant work around the importance of space in research methods (Andrews, 2008; van Manen, 1990; Thomas, 2014). For this project it was vital at times to step away from the normal work setting (university office) where my role was primarily in a teaching capacity. Moving to a local coffee shop, the library or another place that was not associated with teaching was beneficial. This was also the case when attempting analysis at home where my key focus was as primary carer to two small children, a role from which it was difficult to separate. In these instances what was needed was a space in which to distance myself from other roles, to allow myself to immerse in the data. These were the times I found solace from other roles and connection with participants in local coffee shops and other quiet spaces in my local community.

One method of ensuring that early impressions could be captured was ensuring free calendar space was available around the interview time. It enabled not only the time to reflect, but also ensured that the interview space was unhurried and at the pace of the participants. This shared experience of engagement between the participants’ life world experiences and the researcher is reviewed and reviewed again by the researcher until a
point of comfort has been reached. Finlay (2011) describes this point as embodied presence. For this research project, this was a conscious task that required space, time and comfort to be achieved.

Empathising

Throughout this immersion, the researcher looks for themes that accurately reveal the data in a way that is understandable to others. This takes time and, for this project, occurred over two years of immersion in the data. Finlay (2011) describes this as openness and it is when the researcher is surprised and sensitive to themes that evolve. Through openness, the researcher is able to empathise with the data and consider the meaning behind the experiences of the participants. One strategy used to empathise with the data was revisiting audio files of each transcription, particularly in the first weeks after the interview. This allowed the data to be interpreted holistically and as a part of the overall findings. The repeated process of listening assisted in the discovery of the participants' life worlds. Each transcript was read regularly and notes were captured in the research journal which, at this point in the research, essentially became a collection of thoughts, feelings and observations that I felt, the participants considered important. Strategies that help a researcher to revisit raw data have been described as enabling the researcher to truly listen to the voice of the participants and develop a deeper understanding of their world (Finlay, 2009). In this research, engaging, immersing and being open facilitated being present to the experiences of the participants and to establish meaning from their experiences, thus capturing the essence of empathising. This
created early interpretations of data and was assisted by many hermeneutic
discussions with my supervisors (discussed further p.110).

Developing an Attitude of wonder

Zinker and Nevis (1994) indicate that presence requires constant reflection
on previously held truths to see the life world of the participant with new
eyes. Finlay (2008) describes this as developing an attitude of wonder when
looking at the data. One example of being present within an interview was
Kara’s journey, in first year. During the interview Kara identified as being
an Aboriginal woman. The personal impact Kara’s story had for me as a
mother of two Aboriginal daughters compelled me to reflect and be truly
present in Kara’s world.

One method that was useful in developing an attitude of wonder was
discussing interpretations of participants’ life worlds with my research
higher degree supervisors. As will be further discussed, this added to the
trustworthiness of the analysis process. The parallel experience of the
hermeneutic circle helped reveal the experiences of participants becoming a
cyclic process that assisted the development of the constructs and their final
development as themes.

Capturing the essence - Hermeneutic strategies

This circle of understanding is not an orbit in which any random kind of
knowledge may move...It is not to be reduced to the level of a vicious circle,
or even of a circle which is merely tolerated. What is decisive is not to get
In capturing the essence of the experiences in Indigenous Australian cultural competence, the hermeneutic circle was used to develop understanding of text. Lincoln (2011) explains this is an orbital process and researcher and the participants at the centre of the circle with evolving threads of meaning overlapping and developing over time to reveal the phenomenon. As discussed previously, the hermeneutic circle was employed throughout the entire analysis process and worked in synergy with other methods. The other methods employed facilitated the ability to view the data from a single participant’s experiences (part) to the meaning of the entire experience (whole). This created a situation where data was repeatedly viewed from the part to the whole and was essential in revealing constructs that led to themes during the analysis. This process was important as it allowed for deeper understanding and interpretations to evolve (Hoy, 1991). Interpretation was vital to the exploration of the whole and the part.

A commitment in the use of the hermeneutic circle is capturing the phenomena (van Manen, 1990). In this research, ‘capturing’ involved deconstructing my prior understanding of the phenomenon of Indigenous Australian cultural competence in nursing. The exploration of historical viewpoints and factors that have influenced these viewpoints were explored in literature searches. Following this, it was important throughout the analysis to strive to locate the essence of participant discussions and link
these with their multiple realities. Using the principles of hermeneutic phenomenology allows the researcher to build and engage with the phenomena through a process of self-reflection. Together, the experiences of the participants and researcher are embodied through the process of interpretation used in hermeneutic phenomenology which leads to the exploration of the phenomena and capturing of final themes (Marcel, 1971). The process of interpretation required me to reflect (discussed later), remain open to questions that emerged from studying the phenomenon and allowed the text (voice of the participants) to speak (hermeneutic conversation) through orientating the research to the research questions at all times. Understanding emerges as the researcher engages with the experience of participants constantly asking questions of the data (Ajjawi & Higgs, 2007).

What became interesting was when the parts of the data were viewed from a whole perspective. This required me to consider the constructs development as themes (see Figure 3.1) and possible revelations to the phenomenon as a whole. This required a close link with the research questions from the perspective of whole and part. Themes will be further discussed on page 103.

The constructs

The true act of ‘seeing’ meaning was considered vital in the analysis process thus initial considerations around first order constructs were documented by the researcher in the fieldwork diary. Figure 3.1 provides a summary of the development of constructs.
In Figure 3.1, year 1 analysis was initially separated from the final year analysis and then later combined. This was then aligned with the 1st, 2nd, 3rd and 4th order constructs and the following sections will provide details of the methods employed.
First order constructs are defined as the meaning participants derive from their experiences (Schutz, 1966; Aspers, 2004). In this research, first order constructs were participants’ ideas and were recorded in language used by the participant. They were details of specific elements of each participant’s experience that captured the researcher’s attention and were congruent with the methods of van Manen (1990) and Finlay (2008) and were stored as nodes in the software NVivo system. Each node was coded using an active word/s that portrayed the experience of the participants (see Appendix 10). These were words that were of impression to the researcher and of meaning to the participant (Ajjawi & Higgs, 2007; Titchen & McIntyre, 1993). First order constructs were important and took some time to establish. Their development required significant immersion, engagement, empathising and developing of an attitude of wonder from participant experiences. Second order constructs evolved from the first order constructs.

Second order constructs are derived from first order constructs being a result of the first interpretations of the researcher (Aspers, 2004). In this research, second order constructs started to create the link between the professional context and life world experiences of the participant. An example of a second order construct was linking participant nodes to the research questions again and building higher order thought processes around the first order constructs. One first order construct node was labelled ‘difference is frightening’. In the second order node, this was further developed when linked to the research questions and evolved into the node: ‘experiencing different situations’ (eventually reaching one element of the final themes in
Chapter 4. Making Connections). This resulted in the grouping of first order constructs into deeper second order constructs.

Critical to the development of constructs (1\textsuperscript{st} to 4\textsuperscript{th}), the researcher empathised with the data. This involved lingering over selected passages and chunks of data until the researcher began to ascertain certain aspects of the unique experiences of the participant. In this process the researcher strives to takes a step back from the data and begins to think about participants’ real life experiences with interest and an attitude of wonder. Questioning the data was important and a component of the hermeneutic conversation. Gadamer (1992) describes hermeneutics as the point of bringing voice from the text and most importantly allowing this voice to be brought to the forefront. In this research, Finlay’s (2008) strategies of developing a sense of awe, focused reflection and curiosity to each transcript were used. I frequently asked myself “What is this participant really saying?”, “What do they mean?” as well as focusing on specific key words or ideas. These were recorded in the NVivo system. Observations and notes were also kept on this system for example, thoughts, when reviewing the transcripts, and ideas, while conducting the analysis process. Time was spent reflecting on these in the research diary to ensure that each step of the research process was captured.

Practical strategies were employed throughout analysis such as the strategies recommended by van Manen (2009) and Finlay (2008). These involved circling, highlighting or underlining certain statements that were considered
to be the most pertinent. As well, points that were meaningful to the researcher were recorded and reflected in the research journal. Empathising with these initial passages and chunks of data marked the beginning of the search for themes. As the process of analysis continued, the constructs were reviewed and re-reviewed until the researcher decided they were coherent, convincing, grounded in the data and had reached saturation, eventually leading to the development of themes (which will be explored on page 103). These notes were documented in both the NVivo system and in the fieldwork diary.

Written exercises, white board figures and brainstorming (see Appendix 3) that combined sets of nodes, the research journal and discussion with supervisors all contributed to the development of second order constructs in both year 1 and final year analyses and were stored in secondary files on NVivo with links to first order constructs and original transcripts. Any changes were documented in the research journal and were important in demonstrating rigour (see later discussion on page 103). As Finlay (2009) contends, constantly reflecting upon the interpretations of experiences of each participant surrounding the phenomena can move the researcher to understanding the research in whole rather than in parts.

In this research, the first and second order constructs were developed separately for first year data and final year data. It was important to capture the experience of both cohorts of participants to be able to capture the journey in Indigenous Australian cultural competence across the Bachelor of
Nursing degree. This involved first year data having 1st and 2nd constructs developed and final year participants having 1st and 2nd constructs developed. When these two cohorts of constructs were combined, 3rd and 4th constructs were revealed as preliminary themes and then finally, foundational themes (refer to Figure 3.1).

The final stages of analysis involved the critique of the process by the researcher and supervisory team. Monthly supervisory meetings were held where data were shared. This involved face-to-face meetings as well as teleconference calls with all three supervisors. It seemed vital for some meetings to be held across a day to allow for robust immersion and discussion about data. Presenting the data at multiple forums across the candidature added to the immersion, engagement and development of wonder. Questions at the end of presentations stimulated thoughts and allowed for different questions to be asked of the data, which added to the rigour and depth required. It also helped reveal the approach and view the researcher was taking with a particular data set and allowed time to move to a space that promoted additional thoughts and considerations. This critique led to the final interpretation of the research findings.

Themes

“...knots in the webs of our experiences” (van Manen, 1990, p. 90)

A theme in hermeneutic methodology has been defined as an element that appears or occurs frequently in any given text (van Manen, 1990). In this
research, themes were the focus of meaning, intransitive and descriptive of the lived experience. Preliminary themes started to reveal themselves in the second order constructs and foundation themes in the third and fourth order constructs.

The themes had meaning for both the participants (through their detailed transcripts) and the researcher in capturing the moment and experience of focus. Where possible, the words of participants were used in theme naming, which assisted in ensuring the themes represented the experiences of the participants’ life worlds. As van Manen (1990) describes, the themes are the product of the life world experiences of participants that have been given to the researcher. Methods employed in this research helped unearth the themes. The theme became the researcher’s tool for getting at the essence of the experience being described by the participants through the methods of analysis that have been described.

Uncovering Thematic aspects

The themes were drawn inductively from the raw data, ensuring that the research questions of this research were at the forefront and aligned with the aims of the study. That is, themes were drawn from the data and focused on creating meaning from participants’ experiences of learning in Indigenous Australian cultural competence across the three year Bachelor of Nursing degree, and aligned with the overarching philosophical stance of the project. The number of themes that emerged was not restricted. This helped unearth the essence of participants’ experiences from discussion of all experiences.
that the participants shared. Essentially, analysis led to constructs that led to themes that were unearthed through the methods used. van Manen (1990) discusses the importance of themes being rigorously developed in hermeneutic phenomenology.

The power of language in the process of analysis

The language used in this research project was important in two ways. First, the power of language in interpretation by the researcher was critical to theme development. Second, it was important to recognise the power of the spoken language of the participant and the need to separate spoken language in interviews from language as text.

Gadamer (1996) believes the interpretive nature of hermeneutic phenomenology is heavily influenced by language and history. The language that we use is influenced by our personal history and thus influences our understanding and interpretations as a researcher. This concept resonated with this research and became particularly valid during the analysis process in the revealing of themes. Participants used language that seemed at odds with the experiences they were describing. For example, all participants used language that separated themselves (othering) from Indigenous Australian people such as ‘their, they, them’. At times, this made it difficult to truly see the experience, particularly when the language used and the journey were at odds. During analysis, it became important to interpret text beyond the spoken language used by the participants (discussed on page 89). I needed to be able to see the experience hidden
beneath the language. Interpretation of language reached greater depth through writing and rewriting (discussed further later in this chapter).

However, it is useful to indicate the impact it had on the analysis and the steps taken to overcome this.

Strategies were used to look deeper beyond the spoken language to the meaning behind the participants’ experiences and journey in Indigenous Australian cultural competence. This included revisiting the audio files of the interviews to get a feeling of what was the experience behind the words. Once I felt meaning was understood I was able to return to the text to gain understanding of its part within the phenomenon of Indigenous Australian cultural competence. During the development of the second constructs this approach was particularly important. The second constructs phase saw the development of meaning behind words and phrases used to describe their experiences. The separation of language in text from experience allowed the movement from language and expressions that had the potential to block understanding and interpretations by the researcher. Analysis spaces (as discussed earlier in this chapter) and hermeneutic alertness were critical in this stage.

**Hermeneutic alertness**

Hermeneutic alertness has been described in hermeneutic writing. It is defined as the space in which the researcher ensures that the lived experience of the participant has been accurately reflected in text (van Manen, 2007). One tool, used to enhance the capacity to be alert to the voice
of the participants, was to write small cameos on the life world of the participants (see page 56 for description). These helped maintain a strong connection to each participant, which was important to stay true to an individual participant’s unique journey. This was also a tool of reflection that helped create depth to my understanding of the participant’s journey. Hermeneutic alertness was supported by the writing and rewriting of interpretations that resulted in the capture of the phenomenon.

Capturing phenomena through writing

“Writing separates us from what we know and yet it unites us more closely with what we know” (van Manen, 1990, p. 127)

Writing becomes an embodiment and disembodiment of experiences that draws us close to the life world of others and allows the researcher insight into these experiences (van Manen, 1990). Writing distances us from our lived experiences allowing us to link with the participants’ voices (as described earlier in this chapter), providing the opportunity to view the phenomenon through multiple lenses. Writing and rewriting enable constant contact with the data that assist in revealing the known from the unknown, facilitating the capacity for the written word to accurately capture participant experiences. It has the ability to remove us from our concrete experiences to reorientate to the lived understandings by creating distance from the participant experience and the researcher worldview lens (Ong, 1982). Rewriting in this project was a tool used to help reveal the phenomenon through the exploration of the experiences of participants. Writing has the ability to allow others to see and aligns with the interpretive
process of presenting the ‘facts’ of the lived experience (van Manen, 1990). The process of writing includes revisiting text thus enabling the reflective process to be captured at different stages in the research process. Writing was very important in detailing the interpretation of participant experiences and a vital element in the analysis process. Writing is foundational to the analysis process (Liampittong, 2013; van Manen, 1990). Text was written and rewritten revealing further aspects to be considered in the analysis of the data. This process was supported by the supervisory team and their feedback and guidance allowed data to reach deeper phases and revelations.

Trustworthiness and Rigour

Trustworthiness and rigour in qualitative research are vital (Guba & Lincoln, 1994) and are enhanced by the adoption of specific strategies. In this research, the three main strategies (as recommended by van Manen, 1990 and Finlay, 2011), adopted to enhance trustworthiness and rigour included: reflexivity that involved hermeneutic conversations; maintaining a research journal and exploration of pre understandings, staying as close to the phenomenon as possible; and a systematic and logical approach, including triangulation. This section will define trustworthiness, rigour and describe the methods used.

Trustworthiness

Trustworthiness has been defined as the confidence researchers have on findings in qualitative research (Polit & Beck, 2017). The essence of the hermeneutic phenomenological approach in research acknowledges there
are multiple realities and the researcher’s perspectives can predispose the interpretation depending on their lived experiences and history associated with the phenomena (van Manen, 1990). With this in mind it was vital to ensure that the methods in this project clearly and accurately represented the participants’ perspectives. This was achieved in two ways: by ensuring a reflexive and reflective approach to my own perspectives and ensuring the findings represented the phenomenon of Indigenous Australian cultural competence.

Reflexivity has been defined as the researcher’s ability to be self-aware in metacognitive processes (Finlay, 2002). Reflexivity is important as it raises awareness of how the research impinges on the process of examining the phenomena. Regular reflection becomes the audit of the reflexivity process and has been described as a method of adding to the rigour and integrity of the research process (Finlay, 2002). It was important to ensure a reflexive and reflective approach to my own perspectives of the phenomenon of Indigenous Australian cultural competence, as a researcher. This involved four key strategies. These were: being conscious of my work spaces that enabled me to be as metaphorically as close as possible to the lived experience of participants; using a fieldwork diary (see Appendix 9) to document reflections and stages of the research process; orientating the research to the research questions at all times; and ensuring that the research was challenged via a peer review process that enabled deeper thought processes to emerge. This final strategy involved the research being presented at an international peer reviewed conference, twice at higher degree research symposiums at Charles Sturt University and twice at
national conferences, along with two peer reviewed publications (see Appendix 11) that provoked thought and a deeper metacognitive process to inform the questions and analysis, and theme development.

Reflexivity and reflection were complimented by acknowledging my pre understandings. This was useful in identifying my taken for granted assumptions and biases towards the journey of Indigenous Australian cultural competence. (In relation to my personal history and own journey in Indigenous Australian cultural competence, see Chapter 1.)

When using hermeneutic phenomenology it is important to ensure that the findings are as close to the phenomena as possible and interpretations represent the experiences of the participants (van Manen, 1990) and remain true to the experiences of the participants (Noble & Smith, 2015). In this research this involved rigorous documentation in the research journal of each step of the research process, ensuring the recording of interpretations were documented as each step of the project progressed. Hermeneutic discussions with the higher degree supervisors and revisiting audio recordings facilitated the capacity to remain true to the experiences of the participants and their accounts. This resulted in findings that were articulated through rich thick descriptions of the written interpretation (see findings chapters). The multiple stages of interpretation (four levels of constructs as discussed previously in this chapter) and the time taken to reach final themes (through writing and rewriting of interpretations) all
added to findings that represented the experiences of the participants in the phenomenon of Indigenous Australian cultural competence.

Rigour

Research rigour was imperative and resulted in themes driven from the desire of the researcher to make sense of the data. Rigorous approaches enabled new discovery and required the research to be open ensuring that the findings of the research unearthed the phenomenon of Indigenous Australian cultural competence. Rigour was addressed using key strategies that have been acknowledged as useful in qualitative research (Noble & Smith, 2015). Strategies of Finlay (2011), van Manen (1990) and qualitative process as described by Lincoln and Guba (1985) were used to ensure a consistent and rigorous approach to the methods in this research.

A strategy to enhance rigour described by van Manen (1990, p. 100) and Sandelowski (1993) is the hermeneutic conversation. Hermeneutic conversations were used in two ways in this research. First, they helped reduce bias and a method used was having discussions with supervisors of this study. Second, they helped achieve a deep level of understanding of the participant experiences. Data triangulation, the use of a range of resources to support the conclusion being made in the research (Polit & Beck, 2017), ensured that different perspectives were considered. These methods led to a sufficient depth of data collection and analysis. Reflexivity was a third and important strategy for enhancing rigour. A research journal was kept where reflections were stored and the decision trail was captured during the
research project. This included detailed observations and thoughts being recorded at the completion of each interview and PhD monthly supervisory meetings. This journal allowed for interpretations to be transparent and consistent (Long & Johnson, 2000).

Noble and Smith (2015) discuss how qualitative research needs to be credible. One way of achieving this is through rigorous methodological processes. Rich thick descriptions (van Manen, 1990) as used in the findings chapters of this research is one way this can be achieved. The methods used in this research involved rigorous design. A systematic approach to qualitative research is considered to be important and facilitated through a logical and systematic approach (Carpenter & Suto, 2008). One way that this was achieved in this research was the development of 1st and 2nd level constructs in both the first year and final year’s data collection, ensuring that the participants’ journey was captured at different stages in the Bachelor of Nursing curriculum.

Writing was important with key steps in the research process captured both through rewriting (as previously discussed) and a fieldwork diary. These steps are seen to demonstrate clarity in thought processes through multiple iterations of interpretation (Sandelowski, 1993) and were methods adopted in this project to ensure a rigorous approach.
Respondent validation

Respondent validation is the process described by Long and Johnson (2000) where participants are offered the opportunity to comment on interview transcripts. It has been described as a way of ensuring the research process was rigorous. Each participant in this project was offered an opportunity to review their transcript to ensure they felt the interview was an accurate account of their experience. All declined.

Ethical Considerations

This research was approved by the Charles Sturt University Human Ethics Committee. This section will discuss four major ethical considerations of power and coercion, beneficence and culture that were considered in this research.

Power and Coercion

The influence of power, arising from my role as coordinator of NRS194 and lecturer in the Bachelor of Nursing in which participants were enrolled was an important ethical consideration. Power differentials were addressed by recruitment being held after all assessments for the subject had been completed and marks released. In addition, approval was gained for the researcher to not teach this particular cohort of students again during their degree. To avoid any perception of coercion it was made clear that the research was independent of the teaching of any content in the Bachelor of
Nursing at the time of data collection and for students’ candidature in the course. It was also made clear that participating in the study would not influence grades (current or future) (see Appendix 3). Voluntary participation was critical to this separation of research and teaching responsibilities. Students were only contacted by the researcher after they had expressed interest in being involved in the study.

Beneficence

Beneficence is imperative in all research (Liamputtong, 2007) and has been defined as protection of participants from harm or exploitation (Denzin & Lincoln, 2004). The protection of participants’ privacy and confidentiality was important. All elements of data collection, analysis and reporting of participant identity were protected. That is, all documents were de-identified with the audio recording only being made available to the lead researcher and the transcriber. The transcriber had been briefed as to how the data were to be protected ensuring privacy and confidentiality at all times. Pseudonyms were used and de-identified data were stored securely. In addition, care was taken to ensure that participants’ experiences were not discussed in a way that had the potential to identify them when presenting research. Consideration around recruitment time (post grade release) and method (via email) were implemented to protect the safety of the participants and ensure their wellbeing at each stage of the research.

Culture

Participants were not asked their cultural heritage. However, as it was possible that a participant may identify as an Indigenous Australian, the
Aboriginal Health and Medical Research Council (AHMRC) guidelines (AHMRC, 2007) and the National Health and Medical Research Council Values and Ethics Guidelines (Australian Government, 2007) informed the ethical consideration and values underpinning this research project. These guidelines are congruent with research conducted within Australia involving the human ethics committee. Aboriginal Health and Medical Research Council ethics approval was not required as this research was not focused on Indigenous Australian people. However, the guidelines are important for all human science researchers in Australia to consider and are pertinent for consideration in this research focused upon Indigenous Australian cultural competence. The Aboriginal Health and Medical Research Council guidelines have a number of principles. However, the principles of reciprocity, equality, spirit and integrity were considered important to address in this research (see Table 3.3). An open approach to these four key elements was established. Importantly no adverse events took place.

**Table 3.3 Aboriginal Health and Medical Research Council**

<table>
<thead>
<tr>
<th>AHMRC Guidelines</th>
<th>Considerations made in this project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reciprocity</td>
<td>• The history of research with Indigenous people has been one of taking and not giving back. To address this lack of reciprocity communication with Indigenous Australian community members was considered vital. This research has been presented at a national Indigenous education forum. Further conversations are planned with local Indigenous Australian community members at the completion of the research project.</td>
</tr>
<tr>
<td>Equality</td>
<td>• Homogenous purposive recruitment took place.</td>
</tr>
<tr>
<td></td>
<td>• Additionally, this project provided an opportunity for students to reflect on culture and explore potential biases (Durey, 2010) and the nature of the project addresses this criterion.</td>
</tr>
</tbody>
</table>
Spirit and Integrity

- Principles of beneficence upheld.
- Participants were encouraged to share, debrief and ask questions before they gave consent to participate.
- Campus counsellors were accessible if required at any time during the study.
- Identified Indigenous Australian participants were offered the support and guidance of the AHMRC. This resource was not accessed.

The Findings

The four major themes that illuminate the phenomenon of Indigenous Australian cultural competence as experienced by participants of this research will be presented in four chapters. These themes are interdependent as seen in the model detailed in Chapter 8.

Presenting findings as themes is accepted in hermeneutic phenomenological research (Denzin & Lincoln, 2004; van Manen, 1990). Themes as discussed previously in this chapter assist the organisation of interpretation and reveal the phenomena of the experience (van Manen, 1990). Within the findings chapters a wide variety of excerpts have been identified as supporting the development of the theme for the reader and revealing the phenomenon of Indigenous Australian cultural competence. At times words have been inserted in the excerpts to add flow and clarity. These have been acknowledged with square brackets [xx].

Each participant extract has been identified with the participant’s pseudonym and with another two codes, the first being the year level of the
participant at the time of the interview (1st year participant) and then the line number of the opening sentence as it is recorded in NVivo. Below is an example of the presentation of findings:

*I think a lot of students prioritise things on what assessment rankings things are. What the marks are for each [assessment] item.*

(Erin, 1st year participant, line 27)

Findings, although presented as unique chapters, have an interrelationship with the whole phenomenon of the experience and this should be at the forefront when reading these chapters. This has been demonstrated at times within the findings chapters with bracketed page numbers (see Chapter x, page x) to demonstrate and draw the reader to the interrelationship of the themes.

The findings chapters are: Chapter 4. Making Connections, Chapter 5. Seeking the Truth, Chapter 6. The Core of Truth Seeking, and Chapter 7. Moving to a different Viewpoint and they encompass the four interdependent major themes arising from this research. It is important to note that each theme and sub-theme included data from both first and third year participants, showing the interrelationship of experiences between the two groups.
Chapter 4. Making Connections

Having opportunities to connect was a major theme within the findings. Both the first year and final year participants found that making a connection with a peer, Indigenous Australian people, with their culture, through nursing practice and through their course contributed to their learning journey and were important. Within the theme Making connections, there were certain opportunities that made the connection easier for the participants; others hindered the process. Both created unique learning opportunities.

Making connections was of such significance that the participants revealed their feelings of discomfort (distress, cultural challenge, silencing) when there was a disconnection. This disconnect was a time of critical reflection or was a hiatus that prompted reflection by the participant. They understood the disconnect, it was uncomfortable for them, they were moved to think about the disconnect between what they had learnt and what they were witnessing or what was absent in the situation confronting them. So the disconnect became a learning experience, it evolved into an opportunity for connection with self. The disconnect became a connection, a paradox in the learning experience of the participants.

This chapter will explore the theme: Making connections by discussion of its five major sub-themes: Connecting through my course, Connecting with my peers, Connecting through my practice as a nurse, Connecting with my culture and Connecting with Indigenous Australian people.
Connecting through *my* course

During the participants’ three year degree they were presented with opportunities to connect through their course. This primarily occurred in situations where participants were provided opportunities to embody the practice of nursing via learning activities (Benner, Stephen, Leonard, & Day, 2010). In this course, this primarily occurred through clinical placement. In the participants’ learning journey there were also resources that were important to them for example, textbooks and the need for a space that provided safety where discussions could be shared and learning generated. This space within the course either hindered or assisted the participants’ ability to make a connection. Participants described how the tools of connectivity\(^{11}\) within their course promoted a feeling of fear, reflection, disappointment and anxiety and resulted in disconnect from the tool. This compelled participants into a search for more meaningful ways to connect through their course across the three year degree.

NRS194, within the first year of study, was a subject that was only offered via distance education in the Bachelor of Nursing program. Students enrolled in this subject were in their first year, second session of study.\(^{12}\) Students were offered a range of communication tools all available through the interact system\(^{13}\) that included synchronous communication (chat\(^{14}\)) and

\(^{11}\) A Sakai resource that provided online live chat sessions.

\(^{12}\) Sessions were divided into twelve weeks. There were two sessions per year in the Bachelor of Nursing program.

\(^{13}\) Interact is a Sakai learning software communication system available to staff and students.

\(^{14}\) Chat is a Sakai tool where students can communicate with each other via an online discussion space.
asynchronous communication (forum and email). For Lucy and Joshua, the tools available to them via the course inhibited their learning. They openly expressed difficulty in speaking out using these learning modalities and were fearful of being personally linked to statements that may be seen by their peers or educators as inappropriate. This then made the connecting with others (peers) obsolete. When probed about Joshua’s engagement with the online space he indicated he was fearful in exploring his journey in an open public forum:

*I just didn’t want people to sort of be one of those subjects where some questions some of us don’t know how to ask to be politically correct. And it’s sort of put yourself in that situation of having to put it on paper. Whereas in person you can ask a politically incorrect question that you might think is politically incorrect, but there is a way of saying it where the other person can actually direct you in saying it the correct way. Like some students would get quite narky. Like they didn’t like how you were saying things or it would then translate into when you come to uni, people would kind of start talking about “Oh I can’t believe you wrote that on”.*

(Joshua, 1st year participant, line 43)

The very nature of Indigenous Australian studies can create unique feelings in students. The content compelled learners to look inwardly and consider multiple realities of their worlds (Green & Sonn, 2005). Joshua indicated that he was on a learning journey and was not comfortable with the language that he was using within the space that was provided. Joshua previously had discussed personal links with the local Indigenous Australian

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15 Forum is an online space within the Sakai interact where students can post questions that can be responded to by either the lecturer and/or other students.
community when an adolescent. He seemed to be at an interesting point in his journey where Joshua’s world was expanding through his studies and he found that it was important for him to be able to use terminology appropriately. Joshua’s fear disconnected him from the tools provided in his course for him to connect. Joshua found himself in a situation where he was still searching for the tools to acquire this new skill. If Joshua was able to be facilitated in a space that was not open for public scrutiny he indicated that he may have engaged further with the subject content. That is, the space that was available for Joshua to communicate with his peers was important in his learning experiences:

You just don’t quite know. Because it’s a new experience. For all of us, especially to the Indigenous culture you don’t understand, so we are quite naive. To what we are going to expect. (Joshua, 1st year participant, line 956)

The early stages of the subject became a transition point for Joshua where he was uncertain of where his journey may lead him. Joshua discussed that he would have liked the subject to be offered face-to-face:

Just to have that one-on-one time to question and do things. I found that chatting a little bit, in your face about it. Like putting questions and things like that in the chat forum. So I didn’t really use that at all. I sort of navigated it [the subject] myself. (Joshua, 1st year participant, line 46)

Mary empathised with Joshua’s fear in engaging with the online chats and forum:
I guess I was scared at first because you don’t really know who is on the other side. So who can actually read what you are writing and that, and I guess to be asking questions that may be perceived as silly. Or offensive. It’s because I come from a different background too, if I ask a question that is very straightforward it is seen as rude. But I guess it’s different when you are actually online because you can’t see someone’s body language, you can’t read anyone. You put it out there and you try to be as polite as possible. (Mary, 1st year participant, line 68)

Mary indicated she felt her written communication had cultural cues that did cause her some anxiety in an online space. Mary was able to overcome her anxiety and continue to use the learning tools offered and felt it gave her some understanding of others studying the subject which was important to her (further discussed later in this chapter). Mary’s use of the online space was one tool in her journey in Indigenous Australian cultural competence:

It’s [clinical placement] a more personal experience. You talk to people. I mean even if it is the law you talk about an experience with someone with neglecting a child and they will die because of it, it is a sense of law, well it’s written, this is how it is. While within a different culture you perceive it in a different way. Like there are always three stories to one story. You have the person, the person and the one in the middle. It’s subjective, I guess it is also because that’s my experience with the chat room. How do I speak without being rude? How do I actually say the things that I want to ask and I can be quite abrupt: straightforward? It’s not like beating about the bush, sometimes to get around something you just have to ask the question. How do I do that without being rude? Being insensitive I guess. (Mary, 1st year participant, line 161)

Mary considered the online tools presented to learners were an insensitive approach that was not responsive to her learning needs and lacked tone. She
indicated the importance of voice and body language in discussing culture and how her cultural ways may have been perceived in a different light to other students. Mary’s connection with her course did not align with Mary’s connection with her culture, also an important learning tool in her journey.

Disconnect in the online space compelled students to search for other tools through their course. For Ivy, in her final year of study, it was a textbook as a tool that seemed to address the disconnect and gaps:

The [Aboriginal health] book was fabulous. I have just been referring to that again and again, it broadens your understanding of the reasons and stuff that made health so difficult to achieve on a community level. An Indigenous level. So I think that changed me. (Ivy, 3rd year participant)

In the excerpt below Ivy seemed to want to have gained more knowledge in her course and felt that cultural competence needed to be further explored in the curriculum and the nursing profession. She felt that connection through her course was limited:

I just think that needs to be explored more because I think a little bit more about the differences between, you know the Northern Queensland mob to the mob in Central Australia to the mob in Darwin, in Western Australia. The New South Wales mob. I just think that whole that needs to be explored more. And the challenges as to how nursing is limited there [in remote communities where Indigenous Australian people may reside]. Because even when I was in the community [a specific rural Indigenous Australian community], I wasn’t nursing then, but I
was in childcare and we had to link in with the nurse’s station and the schools, you know just to actually get things achieved. But I had to help the nurses at one point because we had a one nurse station there and she had no back up. So often we were called in to help in a situation and it was really quite disturbing, but I had to help deliver a stillborn baby which was WOW you know. Because the resources were so lacking in town, and it was so far away, and the flying doctor coming in, the time was really lengthy so you just had to do what you had to do. And I think that nurses need to be aware that those are some of the confronting things that happen out bush, remotely. And I just thought that none of that stuff really gets explored [in the Bachelor of Nursing course]. (Ivy, third year participant, line 180)

Ivy reflected on the previous learning and gave consideration to previous experiences that were important to her in her understanding of Indigenous Australian communities. Ivy included the difference in Indigenous Australian nations and how this difference can influence nursing practice. Ivy expanded her discussion to the challenges that rural communities face, giving examples of differences in access and resources within the community where she lived for a period of time. Ivy raised concerns that she was still relying on previous experiences and still felt ill equipped as a registered nurse in the situation she described. Ivy was relying on her past experiences as new knowledge rather than the clinical experiences she had been exposed to via her nursing studies. Now that Ivy was nearing the end of her degree she felt ill prepared to combat future challenges as a registered nurse and linked this feeling with her inability to connect via her course. Ivy clearly believed that connection through her course was limited and it then became her responsibility to make connections that stimulated her learning journey. Her reflections on clinical placement demonstrated her feelings of not being clinically prepared for future practice.
Jack, also in his final year of studies, reflected on his learning and raised concerns from his experiences in the first year core Indigenous Australian health subject (NRS194):

So I felt like for two days [residential school] we were going over stuff which I personally felt would have been somewhat common knowledge and then we went home and did all our distance assignments. The assignments were, I am having a problem remembering what the actual assignment topic was, but I recall getting the feedback on the assignment it was negative but it wasn’t really supportive in a sense that what we learned and then had to write about didn’t mesh together. So that was part of the theory side of things where we sort of learnt to take to practise didn’t really prepare us and then to go to our clinical placement there was, for me personally, there was very little exposure to any of the Indigenous population. So there was no real use of what we learned. (Jack, third year participant, line 36)

Jack highlighted the importance for him in theory transferring into practice. Jack seemed disappointed by not having the opportunity to enact the espoused, thus became disappointed in his learning journey in Indigenous Australian cultural competence. Jack felt that the theory was not useful without appropriate practical experience. Jack also touched on the impact feedback had for him on his experiences. He felt unsupported in his learning through the feedback which added to his learning disappointments. Jack’s reflections on his learning were interesting in that he revealed there was not enough Indigenous Australian practice in the nursing course he experienced:
I would like more content to be covered that was specific to the Indigenous population. Maybe instead of having choices or case studies on certain assignments, just having a set case study where we actually do learn about a certain item which is high risk. Instead of having the option of, well you are not forced to but well you kind of are, but, but not having the choice to not learn about it. I think just learning about something like that which is more applicable to us than what is full of Nursing, Midwifery and Indigenous Health it should just have it incorporated a bit more meaningfully. I don’t know, I mean meaningfully yes, but I think it could be more meaningful. There could be more emphasis on it and like I said before about having a set case study so instead of having four multiple case studies that has one that includes an Indigenous health issue, that you’d have three topics or even four that are all inclusive of Indigenous health issues. So that one way or another we are learning about something like that. Because at the end of the day what they are at high risk of doesn’t necessarily mean it doesn’t occur to any other population, it is just that we are relating it to them specifically. (Jack, third year participant, line 713)

Jack raised the need for explicit use of Indigenous Australian cases in everyday scenarios. He wanted meaningful learning experiences rather than optional extras or choices. Jack felt that given the name of the school he was enrolled in as a participant, there should be a greater emphasis on incorporating Indigenous Australian content into the curriculum rather than a choice for participants to pursue a case study within a specific subject. Importantly, this implied that one single subject was not useful to learning and instead, a focus should be on integrated content across a curriculum. Jack alluded to the readiness of the delivery of Indigenous Australian content within a curriculum. This is an interesting situation where a participant wanted to learn more and be put in an environment where they were able to connect within their curriculum yet they were not feeling
supported through the curriculum tools, resources and associated subject design.

Rose, also in her final year of study, identified that while the core subject (NRS194) was beneficial in her first year, the progression of learning within her course was not continued throughout the degree:

*Although my prac I didn’t think was too beneficial in that subject, but I did like the subject. I thought it was great. It just needed more detail in the subject, I think. I would like it to be third year if there was a possibility, of learning more about them, the Indigenous people and how they are out bush and how their culture is, like some of their communities are dry and some have still got alcohol in them, how it affects their health more, rather than how the basics. I hardly know anything, I could probably know more.* (Rose, third year participant, line 15)

Rose felt ill informed and her impression was there needed to be more knowledge embedded and shared with students across the degree. From the excerpt above, Rose felt disconnected from Indigenous Australian people. She saw Indigenous Australian people as different to her, particularly noted in the language she used. However, it was evident that Rose was seeking multiple opportunities to connect. Rose noticed the gap in her knowledge and the disconnect and was open to different ways of learning that would assist her journey in Indigenous Australian cultural competence and influence the nursing practice she delivered to clients. Rose, like Jack, felt her placement did not link to the theoretical content and thus made the learning journey disjointed. She also felt the subject should be moved to a final year offering. Rose does not elaborate more on her rationale behind
this, in the interview. However, we can see some links with other participants’ discussion around professional experience and the parallel journey of maturity and Indigenous Australian cultural competence. Like Jack, Rose wanted more content through multiple opportunities to connect within her course:

There should be a bigger emphasis on it [Indigenous Australian cultural competence] I’m not sure about how you go about it either. I don’t know. An excursion to go out to somewhere. You know, into an Indigenous group or somehow exposing more people. See you get all sorts of people into the nursing degree so I guess maybe exposing them to different cultures in a way but I don’t know how you would go about that from a subject or a lecturing point of view. Maybe individuals just encouraging them to go and talk to people, you know in [their town] even just go and talk to a few Indians. Or some of the Asians or whoever they are or wherever they are from. Maybe a bit more of that. But I think it definitely needs more emphasis on it. More, I don’t know, encouraging people to open their mind. I think some people especially in my class, unfortunately. It may take a bit more life experience and exposure for them to understand and appreciate other cultures I guess. (Rose, third year participant, line 453)

Again, we can see Rose is detailing the point of difference she sees between herself and Indigenous Australians, for example, the idea of an ‘excursion’ and ‘their town’. The language was congruent with other participants and will be explored further in Chapter 7. The underlying message was that Rose was seeking immersion in any culture. She wanted more knowledge and greater opportunities to extend herself and her peers with other cultures as a mechanism for Indigenous Australian cultural competence. It is interesting that she is now seeing links that the journey in Indigenous
Australian cultural competence could move beyond Indigenous Australian culture with the skills having application transculturally. Rose inferred that Indigenous Australian cultural competence is about having the tools to understand different cultural ways and this knowledge can be achieved from any culture that is different to hers. Rose saw herself as different to her peers and tells us she has experienced life in different ways. Her discussion reveals this is something that comes with age and maturity and required exposure to diverse populations that can generate new ways of thinking. This is an important point that will be discussed later in Chapter 7. For Rose, the desire to move forward in a journey is something she would prefer to be driven by learning outcomes within a curriculum.

Joshua, Mary, Ivy, Jack, and Rose found the curriculum did not stimulate learning – instead, they relied on other resources to provide this for them. Participants in both the first and third year described situations where they wanted to connect through their course and even when this did not occur, they demonstrated an inner drive to regulate their learning journey and experiences. Participants wanted multiple and repeated learning experiences across a degree that stimulated their connection to Indigenous Australian cultural competence within the curriculum.

Connecting with my peers

Participants in both the first and final years of study expressed the importance of opportunities to connect with peers as an important part of
their learning journey. In this section, excerpts from Lucy, Mary, Rose and Jack will be used to illustrate how vital connecting with their peers was to their journey.

Mary was interested in the thoughts of her peers. It seemed to be important to Mary that she knew what her peers were experiencing and learning. She used the chat rooms to gauge a level of understanding of her peers’ knowledge of Indigenous Australian people and their culture:

Like they [Mary’s peers] knew that they [Indigenous Australians] were pushed aside maybe, they knew that things had happened, but they didn’t know, hadn’t realised that what impact, that what they are seeing today is just an effect of what had happened before. (Mary, 1st year participant, line 104)

Mary valued opportunities arising from a subject’s tools, such as the forum or chat rooms that allowed her to explore understanding of new knowledge and gauge the journey of other students. However, not all participants found the online forum useful and some shared how the online nature of the subject inhibited their capacity to make contact with their peers. For example, Lucy did not feel comfortable engaging with her learning peers during her learning journey:

I think I am just a bit reserved [to the online environment]. I am the personality where I have to feel comfortable and get to know people before I get involved [in chat sessions]. (Lucy, 1st year participant, line 41)

16 Online resource supported by Sakai that provides an opportunity for asynchronous communication in a learning space.
Lucy indicated online tools used to connect with other learners were not within her comfort zone – instead, she chose to pause and not engage. Online tools encouraged her to pause in the connection with subject resources. Lucy recognised her discomfort and pursued her journey, regardless, as described in the excerpt below. Lucy’s learning seemed to stem from the face-to-face contact and relationships she established with clients during clinical placement. It was really interesting that although subject tools paused the connection, they did not completely block Lucy’s journey. Lucy’s response, when asked what assisted in her learning in NRS194, is shown below:

Anything that is not from a textbook, and anything that is face-to-face, you can kind of cement what you’ve learnt. So I think it becomes real I suppose, if you wanted to summarise it in a word. It is that sort of experience, having a hands-on experience becomes real to you. (Lucy, 1st year participant, line 118)

Lucy’s reaction to the online forum may also have stemmed from a lack of confidence with information technology. Lucy indicated in her interview she only felt comfortable with very basic technology and was reluctant to engage in interactive discussions:

It depends how hard they [online resources] are to use and navigate and that kind of thing [as to whether I will use them]. (Lucy, 1st year participant, line 87)
NRS194, one step in the cultural competence journey of students, was unique in that it was delivered fully online and required students to engage with online forms of communication that were not expected or required in other core elements of the on campus Bachelor of Nursing course.

Rose and Jack, who were in their final year of study, sensed they were different from their peers. This did not seem to be arrogance or the result of a specific situation. Rather, they felt their peers were not on the same journey as they were. This situation evoked differing emotions. For example, Rose was disappointed in the views of her peers:

You get the vibe from the other students in my class that it’s just the pushover subject, and you know who cares about the subject. And I think that’s a really poor attitude to have because all of us, no matter if you are a city nurse, or a bush nurse, or in a country town, like Wagga, you need to understand their religion, their culture, how it impacts on their health and how we, as nurses, can help them. (Rose, third year participant, line 35)

Rose’s feeling of being different from her peers encouraged her to look beyond the immediate learning tool to identify the purpose of those tools (in the subject) and actively consider other opportunities that would assist her journey. Rose’s enthusiasm for the area of Indigenous Australian health seemed to assist her to look beyond her peers’ views. Even though the views of others around her were so different, they became a significant part of her journey. This situation was familiar to Jack who also found differences triggered unique emotions:
Ah, you sort of feel a little bit angry I guess. That someone in this day and age can still have their views as generalised and negative as that. Because everyone is entitled to their opinion but to make such a blatant generalised statement about a group of people being part of whatever culture that just doesn’t sit with me very well. So it sort of goes from being able to have a conversation with a student on a placement about things that they have seen or learnt and that and all they had was that opinion. And so at that point you can’t really, they don’t want to share any of your experiences because of what their opinion is. It isn’t really congruent with how we should be approaching things. (Jack, third year participant, line 485)

Jack felt Indigenous Australian cultural competence was a very important part of his future clinical practice. Not being able to share his learning experiences created a disconnection with his peers. However, this challenged him in other ways, especially when he tried to convince his peers of the rationale for including Indigenous Australian content within a Bachelor degree:

I wouldn’t really say it has inhibited it but I feel that when that does come in to conversation that generally, the views that other people have they are sort of set in their opinion and as much as you would like to change it. So the sort of conversation stops because you don’t want to offend them or something like that. So all you do is try and bring the conversation to accepting that we should be learning these things. I don’t know. I feel that it is an important thing to learn. Because we learn about this culture or another culture because in Australia we are very multicultural, also learning about one culture who is part of Australia I think is more important than learning about culture which comes from somewhere else. (Jack, third year participant, line 538).
Jack seemed to not want to offend his peers. This influenced his decision to not continue with the discussion point, despite the value he placed on Indigenous Australian cultural competence. How his peers may react was important to Jack. He acknowledged the diversity within Australia and believed the way forward in health practitioner cultural education was through Indigenous Australian culture. He strongly believed that Indigenous Australian culture is Australia’s culture and should be the educational focus. Jack seemed to be questioning the primacy of multiculturalism in nursing education. Jack’s inability to speak freely within this peer group may have contributed to his disappointment in the approach taken to Indigenous Australian health in his course:

*I think just learning about something that is more applicable to us [The School of] Nursing, Midwifery and Indigenous Health it should just have it incorporated [Indigenous Australian health] a bit more meaningfully.* (Jack, 3rd year participant, line 718)

Through the discourse around making connections with peers, participants felt it beneficial to their learning to be provided with opportunities to connect. Not all participants were in a position to achieve this and, in fact, felt hampered by certain tools or people, yet, they still pursued their learning journey. In this respect these negative experiences became the catalyst that propelled emotions, feelings and thoughts to gain greater insight. That is, they provided a unique opportunity for growth in Indigenous Australian cultural competence.
Connecting through *my* practice as a nurse

During the participants’ journey in Indigenous Australian cultural competence a valuable tool was when they were able to make a connection through nursing practice via experiential learning experiences. This section’s excerpts from Mary, Rebecca, Annabel and Jack demonstrate connecting with nursing practice contributed to their Indigenous Australian cultural competence learning.

Mary described in her interview the fear she had at times, surrounding her journey in Indigenous Australian cultural competence and her engagement in the unknown experience of clinical practice. For Mary, the unknown was frightening at times and clinical placement provided her relief through realising everyone was *normal*:

> But I think that to being out there [in clinical practice] and just realising that everyone is just normal people. (Mary, 1st year participant, line 247)

Mary found engaging with her community as a nurse a useful learning tool.

For Rebecca, the online space was a familiar environment to engage with in the university component of her studies. What she found challenging was the link between these online spaces and her practice-based learning opportunities. She found the chat room and modules useful but it was not until she had the opportunity to engage with real people via nursing practice that she was able to connect ‘the dots’ in her learning journey:
I had to really motivate myself, really motivate myself to get in there, and to get, you know, get into the studies. Initially it’s because we are, kind of discovering for ourselves what is going on in this Indigenous health studies. To me it was just like another module of study that I am doing. Almost like similar to science or something like that. I didn’t really feel like I was connected or anything at all to the work I was doing. It was just doing another subject. I have to say that it actually changed when I went for my practical, then I was able to kind of connect dots better. (Rebecca, 1st year participant, line 10)

Rebecca was highlighting her need to be connected with nursing practice. She needed to experience situations for herself and understand the relevance to her future as a registered nurse. Making connections with her practice and having opportunities to learn were vital for Rebecca.

For Annabel, in her final year of study, understanding was important. Her learning had taken her to a point in her journey where she had linked the relevance of the journey of Indigenous Australian cultural competence to her nursing practice and now found that the journey and her nursing practice development were parallel with learning of theory and practice not working for her in isolation. That is, theory and practice were interdependent of practice:

So if I can understand the people and where they are coming from and understand how they end up where they are and understand I guess their thought processes I mean I can’t understand 100% everything what they do, but if I understand where they are coming from including their culture and everything what makes them, then I will be able to give or help them and nurse them, or give advice, or whatever it is that I need to do for them. For them to be able to lead their life. It makes it much easier
because I can’t nurse someone from my perspective because it’s them, their journey. If I don’t understand where they are coming from culturally or just how they are thinking, then everything I will say or do will just go out the window once they leave. They wouldn’t have understood it anyway. (Annabel, third year participant, line 283)

Connection with her practice became so important for Annabel, that practice becomes meaningless without it. Annabel’s understanding as a nurse was key in her capacity to enact client-centred care, where the client drives and controls their situation. For Annabel, nurses need to understand and connect through practice to provide the client with opportunities to support their health and wellness.

In Jack’s first year of study he found he was not presented with the opportunity to connect through his practice as a nurse and expand his journey in Indigenous Australian cultural competence (as discussed in sub-theme: Connecting with Indigenous Australian people). The impact the absence of such an opportunity caused became particularly obvious in his final year of study when he was given the opportunity to connect with Indigenous Australian people in nursing practice via a clinical placement experience. This connection had a profound impact on Jack’s learning:

So I actually think I made more use of what I learnt in first year in a third year mental health placement than I did on that placement [in first year]. So, you can’t always predict the placement that you are going to get and have the exposure to back it up but compared to some of the other students, what they
experienced on their placements, what they saw, I guess the population is different, so they got to see and realise what they learned in class differently. (Jack, third year participant, line 59)

The experience of connecting through nursing practice was paramount in Jack’s journey. Jack shared that the knowledge he gained in first year was retained. He was able to put this knowledge to use in his final year of study. Jack acknowledged the diversity in communities and linked this to clinical practice. He led us to the understanding nursing practice scenarios are extremely different to theoretical knowledge, placing importance on foundation transferrable skills. What was unique for Jack was his connection to practice, which gave him confidence in his abilities as a clinician and enabled him to develop a relationship with a client.

Jack’s connect with a person through his practice as a nurse describes the experience and its contribution to his learning and practice:

I think the real one [experience] was on my placement earlier this year, the health placement, so having those people who had identified and being able to actually get through those barriers and develop the relationship to a point where we could have a conversation about what was going on for them. They were comfortable enough to share the information and be able to use that for their care as opposed to not being able to. So that was a real turning point for me, to have that experience and I was able to do it. (Jack, third year participant, line 316)

The experience assisted Jack’s journey in Indigenous Australian cultural competence in that he was given the opportunity to meet a person who was able to share some of their journey with him. Jack needed to experience the
effort and breakthrough that occurs when a connection in practice builds a relationship that enables care to work for a client. Connecting with nursing practice became a vital tool for Jack’s journey in Indigenous Australian cultural competence.

A really interesting aspect of the third year findings was the connection in nursing practice students made that were not congruent with theoretical studies around Indigenous Australian cultural competence. It was apparent that their learning continued despite this disconnect in learning experiences. Students continued to learn despite the opportunities in nursing practice that were deeply challenging and confronting on multiple levels of their being. A good example arose when Annabel reflected on a clinical scenario:

In the Northern Territory, some nurses, maybe not knowingly, but they can make certain comments, not in front of the patients. Because it’s a distinctive smell I guess, from the people coming from those communities and sometimes it’s just a bodily odour I guess, if we call it that way. And maybe some nurses say, “Oh, you go and have a shower first and then we do everything else after”. Because they couldn’t stand the smell. Because it was so strong. And that’s that bodily, I am not sure really why that is. If it is just because people don’t shower or if it is what they eat and things, like if you eat garlic sometimes you might smell of the garlic. I am not quite sure what that is. But I did notice a few things like that. (Annabel, 3rd year participant, line 145)

Annabel noticed a difference in behaviour in the nursing staff she met in the Northern Territory when working with some Indigenous Australian clients. These subtle nuances were significant enough for Annabel to remember:
And then some of the doctors might be a bit, sometimes when some of the people came up and wanted to know and ask questions and they were just waiting there until they got an answer and then when they got an answer they were still waiting there until the person was ready. And then certain staff felt that because they were just standing there and staring and waiting. They felt pressured and that they weren’t going to do things quick enough for them. And they said, “Oh, can you go and tell them to go and I will get back there when I am ready?” So even if the patient was there [standing beside me], they told me, the nurse, to go and tell them. So there are certain things that I know. There is a different, but it is also a culture thing, maybe they don’t have an understanding of what they are being asked. They go in a roundabout way instead of just going straight to the patient and saying, “Well, I am just going to finish this, if you wouldn’t mind going back to your room and I will come and find you.” Or something. But they immediately say to me, “You tell them” and they are standing there, right next to me. (Annabel, third year participant, line 153)

Annabel was recounting staff treating Indigenous Australian patients as if they were not there or not able to understand. It is important to remember the interview questions were specifically directed to experiences around Indigenous Australian people and the discussion of non-Indigenous clients was not explored. With this in mind, Annabel seemed to be still deciding whether this was just rude or whether staff simply did not care, or whether they lacked cultural awareness causing them to use the student as a conduit for orders. Annabel sensed a mismatch in the therapeutic relationship between nurse and client and then doctor and client with actual nursing practice. She identified a lack of understanding from the health practitioner’s position and how she, as a student, became the portal for the transfer of knowledge. Annabel went on to identify the health practitioner
was not culturally prepared for practice. This did not make sense in
Annabel’s world, which confused her. Annabel shared in the interview what
meaning this had for her learning:

I would never bypass someone else and get someone else to speak to someone if that person was standing there. I would speak directly to them. Because for me, it would be both rude, and it would also be because the doctor that asked me, to tell the patient to go back, should have told the patient himself because the patient was right next to me. So for me, that was just, I wouldn’t really be doing that. I guess in one way because it stuck in my head, it is a good example how not to do things. (Annabel, third year participant, line 185)

Annabel had learnt from bad practice. She was clear in describing she felt
the practice was wrong although it did help her learning in Indigenous
Australian cultural competence. Annabel has a clear idea of the type of
nurse she desires to be and the personal attributes important to her. Annabel
paused at this point of the interview and it was very obvious that she was
deep in reflection. Her next point shows the depth of her cultural awareness
at this point in her journey and the complex decisions arising from this:

Well I guess in the way that I would never, I wouldn’t really do that. Because to me it doesn’t really matter what background you are I would still speak to someone in a way that I would be spoken to. But having said that, that could probably get me into trouble sometimes if the cultural difference is so big that you shouldn’t speak to someone directly.17 Because I know, another situation that I also learned, especially with people with Aboriginal heritage they might have, they might not be in charge of their own health. So it might be another

17 In some Indigenous Australian communities it is considered disrespectful to make eye contact with an individual.
Annabel had an understanding of the cultural nuances in her practice and how they can differ in communities. Annabel’s journey had taken her to a point where she was able to reflect on nursing practice. She witnessed the poor behaviour of health professionals on placement and compared this to her own nursing practice beliefs. Annabel discussed the ways she would have changed the specific clinical scenario she encountered. In a situation that provoked a strong emotional response from Annabel, she found clarity in what she felt was appropriate nursing practice.

Annabel revealed her sense of best practice was a blend of her professional and personal self. She disclosed attributes such as respect that the doctor did not display and how important she felt this was in the delivery of culturally competent care. Participants’ efforts in identifying attributes was a significant theme and will be discussed in chapter 6. Jack also reflected on the connections made through nursing practice that highlighted the importance of cultural awareness to client care:

*It affected my learning in that place was seeing how some of the other health professionals didn’t really recognise and didn’t really recognise their values. So seeing those people weren’t able to have a conversation and find out certain things slowed that person’s progress I guess in their improvement and care.* (Jack, third year participant, line 189)
Like Annabel, the situation Jack described is an example of how theoretical components of his journey were not congruent with nursing practice and created a discomfort in his learning environment. Theoretical components are defined in this thesis as foundational knowledge development that is then transferred to practice-based scenarios either in the classroom or on clinical placement (Ricketts, 2010) (refer to Chapter 1 for detailed explanation of course structure). Jack was able to distinguish how the gap between client and nurse can widen when the nurse is not in tune with their sense of self and how their behaviours and attitudes can impede on a person’s experience of care. The learning relationship with nursing practice created discomfort for Jack although it did not impede his journey. Jack was able to connect with his nursing practice.

Connecting through practice was important for participants in both the first and final years of study. Participants experienced a range of emotions from Mary’s fear on placement, Rebecca creating links on placement that linked theory and practical skills in nursing and Annabel and Jack learning from the bad practice of other health professionals. Moments of challenge and discomfort were a catalyst and pivotal to the learning experiences generated. Participants raised the idea of attributes that assisted their journey of Indigenous Australian cultural competence through practice as a nurse.

**Connecting with *my* culture**

For participants, having the opportunity to connect with their own culture was seen as being a vital component to their journey in Indigenous
Australian cultural competence. The connection with their culture seemed to create a space for participants where they were able to compare their own culture to the culture of Indigenous Australian people. In turn, this allowed the participants to find similarities that assisted with their understanding of culture. The comparison of self to others will also be discussed in Chapter 5.

Connecting with my culture became a pivotal point in the journey of participants. It was the bridge that made a space for experiential experience and connecting with Indigenous Australian people. This section of the thesis will explore these elements through excerpts from Lucy, Kara, Mary, Rebecca and Annabel’s journeys.

Lucy found her discussion with an Aboriginal health worker allowed her to create an opportunity to learn about the culture of Indigenous Australian people which then triggered a comparison with her own culture:

I am from an Italian background and I guess the similarities that I talked about before are particularly in relation to family and community. There were quite a few things that, well some of the things that I had started to read about as well, but also having spent that time with the health worker, just in general conversation and learning about a lot of things that happens in families, and I was able to say “Oh, I can see that because we do that too”. So there’s lots of things like just the respect of Elders and how you have different family members that, not necessarily responsible for raising children, but you like you can call on different family members you can call on to help with raising your children. Often, like sisters and aunties and grandparents are always involved. And the way that we call even family friends or older people, auntie and uncle, who aren’t your Aunt or Uncle, they are not related to you at all. Those sort of similarities. Working in the hospital as a nurse I also find, and not only my culture but a lot of Mediterranean cultures, if someone is sick you get a whole lot of
people coming to visit. So you could a whole lot of people coming to see that person, like you could get 20 people in a room, which, from a nurse’s point of view, you’d find it hard to manage. But I know what it’s like from personal experience that if someone is sick or at the end of life you just have to accommodate a stream of people coming in and the same with family functions there used to be a time, I don’t find it so much now, but there used to be a time when weddings used to be hundreds and hundreds of people were invited. (Lucy, 1st year participant, line 223)

It was during clinical placement that Lucy established that her Italian ancestry had so many cultural links and similarities with Indigenous Australian communities. Lucy was at a point in her journey where she was comparing herself to others and she established commonalities that resonated with her culture. Clinical placement and the relationships she established with clients became the tool she used to find her own truth and exploration of her culture became the bridge in this connection. Truth, which will be discussed in Chapter 5, for Lucy, was discovered when she formed a relationship with an Indigenous Australian person. The opportunity provided to Lucy had led to experiences that helped her to grow, change and develop through the relationship she created with the health worker while on placement. This allowed her an opportunity to reflect on her own culture which then resonated with her understanding of the new knowledge she had obtained.

Kara identified as an Aboriginal Australian person midway through her interview. Kara found the learning about metropolitan Indigenous Australian people very interesting although it was the broader subject
content that made Kara look inwardly and want to know more about her heritage. Kara openly discussed how her reflection made her question her own identity as an Aboriginal woman and what that meant in her world. Kara’s studies were assisted by the connection she made with her own culture:

_Dad comes from a regional town and we do identify. We’ve got a big strong community there. But I didn’t really have a lot to do with the community there, but it was really interesting the way it [NRS194] challenged the way that I already thought about the community. And I actually did go back and talk to Dad about it all [my studies]. And it was just interesting in the way that it was presented in the subject, and then from our own personal experiences and then talking to my Dad and wondering how he felt about it [NRS194] as well._

(Kara, 1st year participant, line 157)

Kara wanted to experience health situations for herself and appreciated confirming with her father, thoughts about her studies. Kara’s discussion with her father helped her navigate her way through the subject:

_I’ve never shied away from being Aboriginal. I’ve always identified and so have the rest of my family. My sister’s a bit more hesitant with it, but I’ve always been “Yeah, I’m Aboriginal” and I do get extremely offended when people speak derogatorily of it. About the whole thing. That’s probably not a word, but anyway. I feel real empathy with the Aboriginal people, even though I kind of feel apart from it. I am still exploring it in the sense that I know that I am Aboriginal but I don’t know where I fit into the whole society of it all._

(Kara, 1st year participant, line 205)
Kara identified as Aboriginal. However, she saw herself as separate to Indigenous Australian people. Her experiences during the study of NRS194 created a situation that framed a catalyst for reflecting and exploration of her way of being as an Aboriginal person. She looked to her father for guidance in her exploration. Kara’s existing perceptions of Indigenous Australian people arose from family situations and identity and she used these existing cultural relationships to make a connection in her journey of Indigenous Australian cultural competence. This was important to Kara in exploring the diversity of nations rather than an exploration of one cultural perspective. Kara felt challenged during her study:

*Challenging good. It raised a lot of questions that I hadn’t previously asked myself. Like before it had sort of fluttered through my mind, but it actually made me sit down and focus on it and say, “Well, what does it mean?” and “This is my experience, but not everybody has the same experience”, which I knew but didn’t realise the depth of their experiences. Like how different it could be for other people.* (Kara, 1st year participant, line 228)

Kara indicated how her eyes were opened. She saw how others may have differences in opinion and experience and was questioning her own values and perceptions. This learning challenged and prompted her to consider the relationship she had with her family and extended family. Kara described a difference between herself and her cousins and believed it was racially motivated by skin colouring:
I don’t look Aboriginal even though I have always identified, looking at me you can’t tell. I think one of the things that really highlighted was how racist Tamworth really still was at the time was when my cousin, who is Aboriginal in appearance, I really love him, he got a scholarship to a private school up there. And I think he stuck it out for about six months. And then the bullying because he was black, got so bad that he threw in the scholarship and went back to public school and I don’t think he actually finished year 12 or anything. So like he was really smart, and it was really disappointing to see that happen. Because he was still quite young. He was in year 7 and the bullying got so bad because he was Aboriginal, that he didn’t feel that he could continue at school. And I found that really hard to handle. I was just like, “Why are people still like this?” I am also that way because I’ve never really dealt with it so that was another experience that really stood out because we were really close at the time and I just couldn’t [understand] why people were bullying him for his appearance and for what he was. (Kara, 1st year participant, line 389)

Kara expressed how she felt separate and different to her cousin due to the colouring of her skin. Kara’s comments and perceptions were that skin colouring was important in identifying as an Indigenous Australian. Skin colouring was something she had associated with racism in her family experiences. Kara’s learning journey sparked many reflections which led to discussions with her father and the racism he had experienced:

Being Aboriginal [in my regional home town] was almost something to be ashamed of there. It was not something that you could be positive about because it was sort of seen as, “Oh, you just scab free money from the government” or you know, you are really uneducated and are always going to be on a lower socioeconomic level, from everybody else in town. So I didn’t get the full brunt of racism that my other cousins did experience. (Kara, 1st year participant, line 379)
Kara’s descriptions of her cousin are filled with emotion. She openly reflected on her family and the challenges some family members experienced. Kara’s study had taken her into a spiral of self-reflection around her culture and the impact skin colour had:

And it’s really odd, because I feel awful saying it, but with our cousins, definitely those who are Aboriginal appearance, they definitely have not had the same style of life that we have. And I think that that has a lot to do with the way that they look. Because of the discrimination and racism that they experienced. I think that had a major, major influence in how far they went in school. How they are treated in the community and essentially just beaten down. And like I said [my cousin] was really smart and he didn’t end up going to year 12. He could have done anything. And because of that experience, so far as the experience in school as well he didn’t continue on. Dad said something really interesting the other day. He said something like, because of the way they look, they are treated in a particular way and they have certain expectations. So, if you look like a criminal you are going to be treated like a criminal. And there is only so much of that you can take before you start taking on those traits anyway, so. He said something like, with another cousin, he’s always being treated like a criminal he’s going to start acting like one. He’s going to say, “Bugger it, if that’s what you all think, that’s what I’m going to do”. And I think that would be the attitude with them. I just find it really odd to look back on, you know, how? We were all similar when we were young. We all played together, we all had mainly, well not all the same upbringing, but we all had a level playing field. We all had access to education that wasn’t expensive, we had all the same things. But just, because we were all growing up in the same town, it’s interesting to see how we’ve all developed. And it could have a lot to do with money, but I think the Aboriginality aspect definitely played a part. (Kara, 1st year participant, line 743)

Her childhood reflections reveal the belief her cousin’s opportunities were limited due to the colour of his skin. She described the racism he
experienced and how this led to her feelings separate from her Aboriginal heritage. Kara was physically different and to her, that meant she was separate. Kara’s studies were a catalyst for her reflections. She was at a point in her journey where she was reading and learning about Indigenous Australian health and what this meant to her as a registered nurse. Kara’s personal and professional worlds were colliding:

So this subject raised those questions for me. Just about what it means to be Aboriginal and I’m still not entirely sure, but it did sort of make me question a lot of things. (Kara, 1st year participant, line 198)

She had reflected on the impact of racism to her family members in personal life and was now experiencing this in her professional sphere. As will be shown in the excerpt below, Kara’s learning while on clinical placement further encouraged her to reflect on her own culture and nursing practice. The learning opportunity forms a catalyst for an exploration of the identity and racism her family had experienced and the personal outcomes for some family members. She described her emotional response and expressed how angry she would get and how upsetting it would be. Kara felt through her reflection she now had some strategies to deal with such situations if they presented themselves in her future and also had a greater understanding of the diversity of the Aboriginal community in Australia:

“Oh, he’s just an alcoholic, we just going to”, which is an attitude I have seen somewhere, “We’ll give him a bed for the night and discharge him in the morning”. And when I say that, he was a frequent flier, as they call them, he comes in for a meal then, they [registered nurses] are trying to get him into a rehab and he never goes. I could understand the attitude. The attitude of some nurses when they see
Aboriginal people come in, they kind of have this, “Oh, it’s just another”, they obviously have alcoholic problems. And things like that. And that’s down to like education, and possibly just you know like, the stereotypes. I think. So, it’s just something that if you start the new nurses coming through with this new attitude of we’ve got to make them come away with a positive experience, we can’t be discriminatory. We’ve got to be culturally sensitive. Over time it will change. (Kara, 1st year participant, line 588)

Kara reflected on her professional world and the attitude she had noticed of new nurses’ worldviews. She acknowledged the importance of education in developing a cultural change in attitude through health service delivery and that change will happen over time with education. The experiential opportunity provided by NRS194 provided Kara with a catalyst for her to connect and reflect with her culture and forge connections with Indigenous Australian people in her practice. It is through this that she was able to question her identity in the world and how this may have influenced her personal and professional growth:

It’s just been Dad’s personal experiences that have stuck with me. So his mother was white, his dad was Aboriginal. And they married and were in a very small town. And at the time it was sort of unheard of there. And she couldn’t work in the school canteen because she was married to an Aboriginal and the kids were like the only way out of the town essentially for them was playing football. So that’s what they all got into. There were just a lot of occasions where Dad had to front up to a lot of people, or fight people because he was Aboriginal and they were picking on him, or they were picking on his family and it was just I get the impression that it was very, very hard for them to grow up there. The way I’m combatting [racism] at the moment is, sort of letting them finish, going away, rethinking about it and then if I still find it really offensive I go up and I speak to them about it. But it’s taken me a long
while to get to that point. [the racism] It doesn’t happen often. (Kara, 1st year participant, line 407)

Her relationship and reflections with family were the tool for her discovery and learning in the journey of Indigenous Australian cultural competence. Kara was navigating her own space in the world as a fair skinned Aboriginal Australian and as a registered nurse. The subject and clinical experiences created a collision of worlds for Kara and promoted her growth and development:

_The underlying question of what is Aboriginality especially in today’s society. I found that a very powerful message. Because of my personal issues with it._ (Kara, 1st year participant, line 808)

Kara’s exploration of her culture was a catalyst for her reflections on childhood memories. Space was created in her world for the consideration of her culture and her belief that skin colour impacted identity. This exploration assisted Kara in her navigation of Aboriginality. It was through this navigation she was able to explore racism in health care. Kara’s journey was unique and was a marriage of professional and personal worlds in her search for her identity as a fair skinned Aboriginal registered nurse. Her personal reflections about her culture impacted her professional journey. It was through Kara’s connection with her own culture that she was able to grow, change and develop in Indigenous Australian cultural competence. As with Kara, Lucy also explored her culture to make a connection.
During Lucy’s placement she was very surprised that her experiences revealed links to her own culture. This was an important point in Lucy’s journey:

“So, that was quite enlightening, particularly in relation to all the culture and the community values and relationships within families and communities. I found that really interesting. I actually could relate to it, because from my culture they’re quite similar, a lot of things are quite similar. To me that wasn’t foreign and surprising that it was quite similar to mine. So that was something that I thought could assist me in my professional development as well and what I do in my nursing career and like, I could relate to that and I could when dealing with Indigenous people I am able to relate on that cultural level in the sense that it is similar to mine. (Lucy, 1st year participant, line 161)

Lucy’s experiences with clients while on clinical placement allowed opportunity for her to create a meaningful, in this case, clinical relationship with an Indigenous Australian. During this experience she indicated that there was similarity to her culture and was surprised about that. Lucy linked the experiences to her professional development as a nurse and was interested in how the cultural synergy could enhance her nursing practice. Like Kara, Lucy’s personal reflections impacted her professional journey as a future registered nurse.

Mary, like Lucy found her cultural heritage to be important in her Indigenous Australian cultural competence learning journey. Mary, a migrant to Australia, felt she had a heightened experience of Indigenous Australian knowledge given her cultural background:
I guess it’s whether I am from a different culture, again I think that I maybe have a little bit more cultural awareness than other people in general. But I think that to being out there and just realising that everyone is just normal people. (Mary, 1st year participant, line 247)

Mary indicated she felt connecting with her cultural background gave her an advantage in her cultural competence development as an undergraduate registered nurse. Perhaps it was that she had felt culturally different at times in her life, being a migrant to Australia that created the point of difference for Mary. In the excerpt above she indicated her personal values and cultural links were significant to her learning journey in becoming a registered nurse. Mary described an attribute that assisted her journey and this will be discussed in Chapter 6.

Rebecca, in describing her personal experiences as a nursing student, described the opportunity to work with Indigenous Australian peoples as a ‘coming home’. She aspired to be a clinician providing holistic care and felt her placement showed this was possible in comparison to other clinical experiences she had had previously:

I felt that I had a very good rapport with my patients. And I think it is because I am a person of colour. I come from the Islands. It’s like I came home, I came away from it feeling really good about myself. Because I felt like I was being of really good service, great service. Like being able to make the person, or the patient feel at home, at ease. Sitting and having a chat with them and having a good laugh and things like that. Yeah. Things like that. Because it
can be quite, and this is what I found about this organisation, it was more relaxed. A much more relaxed pace, not these where you are rushing, in five minutes the Doctor, it’s good if the Doctor looks up at you when signing something. We actually sat down and engaged and (had) conversations and things like that. And so I felt good. And I think it is a great help with my nursing. It gave me more confidence to be able to speak. (Rebecca, 1st year participant, line 68)

Placement became an opportunity to observe a different way of nursing practice and the connection with her own culture became a strategy to grow, develop and change in her journey of Indigenous Australian cultural competence. Rebecca observed professional behaviour was more relaxed than in other acute settings she had experienced. This in turn made Rebecca feel relaxed. Conversations with clients were considered an important part of the clinical work and through this Rebecca gained confidence as an undergraduate clinician. This led to her feeling more like a nurse, feelings she did not have prior to this clinical experience. Rebecca’s experiences stimulated thoughts around her cultural background and how this had impacted her experiences of health care and healthcare professionals in her personal life. In the excerpt below she reflected on her healthcare experiences:

When I first came to Australia and I had to go to the doctors, you know with the kids, and yes I was kind of secretly wishing it was going to be a doctor of maybe different ethnicity. I’d feel more comfortable to talk and chat. That’s because I was new. And when I first came to Australia with my kids, that’s how I felt. You know secretly, I wish that I had someone that I would just feel comfortable to talk
Rebecca openly discussed the need to feel comfortable in her personal journey of health care in Australia and how she felt this could not be achieved with a white doctor. She discussed the implications for her being uncomfortable. She was envious of the experiences she saw on clinical placement around the approach to care and wished she was given these opportunities when she first migrated. Rebecca felt she was able to connect with Indigenous Australians because of her race and personal experiences. The language she used was interesting and seemed to indicate a difference between herself and Indigenous Australians. Rebecca discussed her thoughts around Indigenous Australian people not being comfortable in mainstream health and used her personal experiences to inform her point of view.

Rebecca’s reflections highlighted her making a connection with her culture, and brought unique emotions to the surface. Rebecca used her personal experiences and connection with her culture as a tool to empathise. She had previous experiences that minimised her trust in mainstream health and saw the collision of two worlds: Indigenous versus mainstream health. She valued her personal experiences and appreciated how they provided insight into the Indigenous Australian community, giving her further tools in communication and establishing rapport with clients:

*So, coming to Australia with a bit more confidence having to deal with people, or getting into life in* 148
Australia. And also my experiences have been good. I used to be a Flight Attendant, travelled around. So I have encountered all sorts of different cultures and people of different nationalities. In coming to Australia, and Australia is a very beautiful diverse country, free nation and we have a lot to learn from it. But I strongly feel that we need to take care of our Indigenous people first. Like look after Indigenous people and our Indigenous culture and things. (Rebecca, 1st year participant, line 199)

Rebecca discussed how her personal connections with other cultures have also been useful to her learning journey in Indigenous Australian cultural competence. She sees this as providing her with a greater empathy to practise as a nurse with Indigenous Australian communities. Rebecca implied that Indigenous Australians need looking after in health care, then indicated that cultural cues are not evident in mainstream health care. She seemed somewhat confused, wanting to engage and move in her journey in Indigenous Australian cultural competence yet at the same time the journey was provoking reflections on her own culture that made her feel uncomfortable. She was still piecing together the puzzle indicating Indigenous Australian culture is not linear.

The pedagogy of discomfort has been theorised as a contributor to critical inquiry (Boler, 1999). This inquiry compels one to reflect on how one sees oneself in a world that is ever changing and therefore ensuring perspectives can shift to accommodate self in the world. Like Kara, Rebecca has shown self-reflection as she furthered her insight into healthcare delivery. She described feeling Western ways of health did not align with Indigenous Australian culture and ways of being in the world. Rebecca shared experiences with Indigenous Australians and it seems, due to the colour of
her skin, felt more equipped to practise nursing. Rebecca’s change in views was more about connecting with self and culture than comparing her experiences to Indigenous Australian ways. At this point Rebecca felt confident in sharing her experiences and indicated national change in healthcare delivery was required. Rebecca’s self-reflection on culture led her to the belief that other nurses need to prioritise this learning. Boler (1999) discussed opportunities that are a catalyst for self-reflection led to a call for action. Rebecca felt she had now found a niche in nursing she would like to pursue. She had experienced a transformation in her own thinking, her reflection and her clinical practice interests. Whether these facets were sustainable beyond the course of her degree was beyond the scope of this research.

In the excerpt below, Rebecca concluded that all nurses need to be culturally prepared to practise:

I think all nurses, if they are coming to work here in Australia, I strongly feel that anyone that wants to be in the medical field in Australia should study this module. And then they can find their path whether they would like to get into it further or who knows, people might be really interested. They might be people with special calling who would like to get into it. But I feel, I strongly feel that if we are to kind of close the gap, everyone needs to be aware of the health needs. I just think it is very important. Everybody should learn a bit of this history and learn to deal with cultural diversity. Growing in Australia and especially with our Indigenous population. (Rebecca, 1st year participant, line 499)

She explained she felt mandatory education was the key to nursing being culturally prepared and that it was particularly important in Indigenous
Australian health. Rebecca’s placement experiences evoked personal reflections through the connection with her culture, biases that she openly disclosed, an exploration of patient-centred care and new experiences that led to growth, change and development in Indigenous Australian cultural competence.

In the final year of study, Annabel maintained that Indigenous Australian cultural competence was about understanding one’s own culture:

_Cultural competence I guess it is just understanding myself and my own culture and also understanding other people coming from a different background._ (Annabel, 3rd year participant, line 5)

Annabel’s reflections lead us to the understanding that to be on a journey of Indigenous Australian cultural competence we need to have the opportunity to reflect on our own culture. It was interesting that the stance of a participant in the final year clearly demonstrated the benefits of learning, development and growth in Indigenous Australian cultural competence.

Making connections through culture was a deeply personal theme for participants. Participants shared the importance of linking their journey of Indigenous Australian cultural competence to their own culture. This stimulated reflection that moved the participants to a change in thinking that was influential to their personal and professional self. This theme was so important to participants they found, even in personal discomfort, it still was of significance to their change, growth and development.
Connecting with Indigenous Australian people

Mezirow (1997) argued the importance of adult learners being able to make links through personal experiences as a method of engagement with content to promote a transformative experience. Students in the Bachelor of Nursing were given this opportunity through a two-week clinical placement in Indigenous Australian communities. The placement opportunities were throughout Australia and ranged from Aboriginal health services, community centres to mainstream health service facilities.

Core to the participants’ capacity to continue the Indigenous Australian cultural competence journey was their clinical placement experience. As will be shown through excerpts from Stacey, Rebecca, Sarah, Sophia, Erin, Mary, Jack, Rose and Annabel, one of the most beneficial aspects of their learning was the clinical placement. This experience provided an opportunity to connect with Indigenous Australian people. When the opportunity was absent, participants described the negative impact on their learning journey.

Stacey attended a project placement that involved the collaboration of Aboriginal health workers and nursing students in developing health promotion packages for a local Aboriginal health service. As can be seen below, Stacey felt her placement was beneficial to her learning:

I think it was because I just like dealing with people. So to do a lot of reading about situations isn’t the
same as talking to someone and feeling, you know, the connection or, just getting their personal story. You can read about statistics and just with their talking to them [Indigenous Australians people] for me, [I got] a lot more informative. Because you can take that away and remember that and apply it to the things that you read. Then you go, “Oh, yep. That affected that client, in that particular way”. And it sort of just makes it real, I guess. (Stacey, 1st year participant, line 169)

Stacey discussed the importance of the connection with clients and the feeling and memory triggers this has given her as a nursing student. She discussed the ‘realness’ of the situation and indicated that the clinical situations, and more importantly the people behind these situations, provided a context for theoretical knowledge to be applied and later used. She openly discussed the importance of the theoretical components. Essentially, for Stacey, links were joined when she applied the knowledge through clinical practice with real people. The bridge between the espoused and the enacted was significant to Stacey.

Rebecca felt that her cultural background was important in the development of her relationship with clients:

*I felt that I had a very good rapport with my patients. And I think it is because I am a person of colour. I come from the Islands and initially I could go down to a level of accommodating because that’s just how we are and these are almost our people. Our sisters. And I didn’t want the patients to feel intimidated, or not welcome, so that for me was a really rewarding thing for me personally because I could just get down to that level and not judge and have a chat with them. It just made me feel really good. And also like encouraged them, like “Oh, look, come back anytime” kind of thing. “If you need anything, you know we are here to help you” kind of thing. So that to me, it was a real plus.* (Rebecca, 1st year participant, line 67)
Rebecca’s choice in language seems paternalistic and could even be perceived as patronising, particularly in her statements around *getting down to a level* that was suitable to engage clients. However, Rebecca indicated her culture is close to that of Indigenous Australians, describing them as *sisters*. Being with Indigenous Australian people created unique and deeply personal feelings for Rebecca. She also touched on the contemporary issue of clinical presentations to acute services and the need to encourage clients to present early, particularly in the struggle with chronic illness. Rebecca took pride in her ability to establish rapport with her clients and felt this would be a key to them accessing services in the future. As the interview progressed, Rebecca spoke of many times she had felt direct racism in the Australian health sector, both as a client and a health professional and how her skills and cultural awareness were suitable skills for engaging Indigenous Australian clients in health care. Rebecca describes unique experiences, particularly around her cultural connection. A common experience of participants related to how relationships were progressed in the clinical environment:

*We [client and nurse] actually sat down and engaged and [had] conversations and things like that. And so I felt good. And I think it is a great help with my nursing. It gave me more confidence to be able to speak.* (Rebecca, 1st year participant, line 69)

Rebecca’s experiences had both personal and professional factors. While she was able to learn about Indigenous Australian culture she developed a
sense of rapport with clients which in turn gave her confidence in her professional language skills.

For Sarah, the significance of her connection with Indigenous Australian people was realised after her clinical placement. This experience changed her personal views considerably:

*I think that what I’ve experienced in terms of how it is important to understand someone’s culture. I think that applies to all cultures. But, that carries over to have seen that work in practice is something I would apply in the future.* (Sarah, 1st year participant, 670)

Sarah talked of the experience she gained and how meaningful this was in her application of nursing practice. The connection with Indigenous Australian people became the bridge between theory, experience and future practice. Clinical placement and the opportunity to make a connection with Indigenous Australian people were also a conduit for Sophia’s learning, where she established her own sense of truth through her experience:

*When I did my Indigenous placement, just sort of getting to know different people who came into the clinic especially for the family health checks. And just hearing about some of their situations, in terms of the father of say four young children, he’s in hospital and the wife – the mother, she’s on drugs and she has taken off and they don’t know where she is. And it’s left to the grandmother to look after these young children. So all of a sudden you are seeing the true face and not what like everybody else says that the Indigenous population are like.* (Sophia, 1st year participant, line 48)
Sophia unlocked her preconceived ideas and started to view her world from a different lens. For Sophia, the true face meant seeing for herself and being able to make her own experiences meaningful to her learning rather than relying on other people’s truths. Sophia indicated that she had made a shift in her thinking that was prompted by her clinical placement and the opportunity to make a connection with Indigenous Australian people. However, it was evident that Sophia’s truth was based on one clinical experience and did not represent all Indigenous Australian people. This raised the argument as to the need for the journey to continue and experiences be offered in multiple opportunities.

Erin completed her Indigenous Australian placement in a remote town in far Western NSW. Erin was very interested in remote health and was questioned by her peers as to why she wanted to go to a rural placement in a town they assumed to be unsafe for white clinicians:

*I found it quite interesting when I was going to the remote town there was all the scary stereotypes and ideas that just friends and family had. So many people asked me why did you choose to go there, you know, it’s dangerous and this and that.* (Erin, 1st year participant, line 357)

Erin was very interested in the social organisation within some families in remote communities and shared a clinical scenario which she found to be different to her previously held personal experiences:

*We did a full health check on him because we thought we may as well while we’ve got him in the*
surgery. And we found out that he had quite a bad middle ear infection. And it just so happened that the next day an ear specialist was flying in. So when we dropped him home that afternoon we spoke to his family and said that this is happening, we said that he needed to be accompanied and they agreed to it. And the next day we turned up and the little boy wasn’t home and we asked where he was and they said the little boy had been down fishing for the last couple of hours. So we drove down to the river and we found him and he was drenched from fishing and he had two lovely green trails of snot running down his nose into his mouth and he just looked a bit of a picture. So we asked him if he was still going to come to the appointment and he agreed so we took him home and they got him to shower and clean up before he came because he didn’t want to go to the doctors looking like he did. And then we asked his mother if she was coming with us, and she turned around and said, “Oh, no I am here drinking with friends”. So luckily his older sister who was about 18 and had a little one year old herself came with us and went with us to the doctor’s surgery and went and sat waiting to see the specialist. So, yeah it was a bit of an eye opener I think. (Erin, 1st year participant, line 144)

Erin seemed to be seeing health from a different perspective: her ‘eyes are being opened’ to a different way of life, particularly for a child. Erin’s vivid description of the little boy’s health was emotive and indicated she felt a personal connection to him and his situation. The situation with the little boy contributed to Erin’s learning and influenced her sense of professional self:

*I think it will influence me because I saw how the nurses that I was working with, they obviously knew the family and I saw how, I think they saw it coming, and that it was going to happen. But they still, they kept trying and trying until they got this little boy what they needed. Like they weren’t just going to say, “Oh, okay, you won’t have someone to go with you, you’ll just have to leave it”. And they said one of the nurses could have stayed with the little boy, but they needed someone to sign the consent forms*
and things for him. So I think it will mean that if there’s something you stand for, you are not just going to give up – if there is a little obstacle in your way, you will find a way to make it work. (Erin, 1st year participant, line 182)

Erin was motivated by the perseverance of the health practitioners she was partnered with on her clinical placement and revealed she felt that personal values and experiences can be attributed to your professional life. Erin acknowledged how important community was in her placement. The isolation from her peers contributed to her engagement within the community where she was undertaking placement. It was during this isolation from her peers that Erin was given the opportunity to spend time in the community, which complemented her clinical role. Erin was placed in a situation of disconnect from the world she knew and found this to be useful. It was this space that her capacity to connect with Indigenous Australian people enabled. This became a pivotal point in her learning. When Erin was able to get to know the community and the roles they had within their community, it enabled her to show a small aspect of her personal self that in turn, gained a deeper connection that stimulated the local community’s trust:

*I was up at [the remote town] and no one else was up there and I was the only kind of [student] nurse up there and I was living in the nurse accommodation. So I was in there by myself. So I think it made me engage more in the community I think. Because it wasn’t like I had friends there who I could go and hang out with after work. So I actually got on really well with the nurses I was working with. So on the Friday night I went down to the pub with the other nurses because it was something to do. And I could meet more of the community and it was good because it made them kind of trust me a little bit more. And see I’m not just one of these white coat sort of people who are not*
going to engage themselves in the community. I did go down [to the local pub], cause we were there for two weeks. After the first Friday night of meeting the locals and just hanging out with them and meeting everyone, grandparents, aunts and uncles and everything the whole community actually engaged a lot better with me in the second week. And they would actually come up to me in the street when I was on my lunch break and have a chat. And if they had any problems they would come and see me when I wasn’t actually working, even you know buying some groceries and things like that. (Erin, 1st year participant, line 197)

This excerpt highlights the blurring that occurs between professional and personal life in remote and rural communities. This blurring provided an opportunity for Erin to mingle with her colleagues and the community in a personal setting that contributed to her feeling more engaged with her clinical placement peers. This then became an opportunity for learning rather than just filling in time after her clinical placement shift finished. It provided examples of how rural nurses balance professional socialisation and professional and personal self and how Erin built rapport with her new community which in turn, helped her connect. However, this learning was enabled when Erin was distanced from her world. The learning was stimulated through the disconnect. In this case, the disconnect from her world enabled connection into the community. Like Kara, Erin was revealing the impact of her connections to her learning journey. Erin’s connections were through the people she met on clinical placement: clinicians, patients and the wider community of the remote town. Erin’s relationships challenged and progressed her views and learning about the importance of holistic patient-centred care:
That you need to deal with each patient individually and that each culture may have a difference of how you’re, how you’re treating them. Things like, something that may be a usual treatment, usual procedure that you do, may be offensive to other people of other cultures and things. So you need to be aware that there are differences there and act on it. (Erin, 1st year participant, line 388)

This opportunity allowed Erin insight into culture care which influenced her understanding of best practice. Her understanding of culture had widened through her experiences. Erin indicated that her journey of cultural competence is not yet complete:

You know it’s only first year, we have still got so much more to learn so I think, I guess I am better than I was, but I’m not going to be culturally competent if ever. You are just going to be continuously learning. (Erin, 1st year participant, line 399)

Erin raised an important point that making a connection is a repeated experience that cumulatively assists people to grow and develop but that it does not necessarily have an end point.

Mary found her experiences in making connections with people gave her confidence in the language she used in the clinical arena:

Practical things like you would never say to someone that is Aboriginal that you know about Aboriginal culture because they would get offended because they would think this is one of the people that think that they know it all. I guess you just have to be sensitive to that too. So I guess in a way that
even if I feel that I am safe with the words and everything and how to use it, I will still not put myself out to say that I know that everyone might think. So it would just be a guide I guess. (Mary, 1st year participant, line 188)

Cultural cues are considered the recognition and response to culture in therapeutic communication (Smith, 2015). Mary indicated a growing awareness to cultural cues but still felt an element of uncertainty in being able to practise these cues as a registered nurse. The language skills Mary had discovered gave her practical skills she felt were beneficial to her practice.

Sophia was also uncertain of language and her way of practice as an undergraduate student in the clinical area of Indigenous Australian health:

Knowing how to address some of the Elders, I said to one of the ladies, I called her Miss such and such. And she said, “No, Aunt”. Okay. So I was allowed to call her Aunt. Where, when we are admitting people for theatre it’s always, Mr or Mrs or Miss Such and Such. But this lady said, several of them said, “No, Aunt”. So they were very, sort of like, open. “You have got any questions just ask, don’t hold back, we are not going to bite you”. (Sophia, 1st year participant, line 398)

Sophia had learnt an important lesson in just asking and not being fearful in her communication with Indigenous Australian people. The clinical placement provided an opportunity for Sophia to have a conversation with a

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18 An Elder is a person who has considerable knowledge on culture and lore. They are given the power to disclose this knowledge by their community.

19 Aunt is a term of respect for an Older or respected Indigenous Australian woman.
client and an opportunity to establish rapport and make a connection. The client during this scenario, helped Sophia’s confidence in clinical practice.

A raw part of Rebecca’s journey occurred when an opportunity to connect with an Indigenous Australian person made her reflect deeply. Rebecca, in her dialogue around clinical placement, indicated that an experience of bad behaviour led to a judgement stance:

*What was challenging for me was, I have to be honest, I was a bit judgemental about attitudes of some of our patients that were coming through. You know, some would be very rude to our Doctors and to the organisation. But being professionals I think they were quite used to that and they could deal with that and they knew how to deal with. But I found that to be quite, it was a bit scary. But it’s part of the job we do. It’s just that I had never encountered being in situations like that with people screaming and swearing. And swearing at the Doctors and things like that.* (Rebecca, 1st year participant, line 54)

The world Rebecca described was one in which patient behaviour was tolerated and situations were scary, both emotionally and physically, for health professionals. This world and associated emotions were linked to experiences with specific cultural groups. Rebecca was placed in a situation where her worldviews were challenged and she openly revealed the judgement she felt she portrayed. Rebecca distances herself and the nursing profession from the situation she described and indicated that aggressive behaviour was directed at medical professionals rather than nursing staff. The paradox in this situation is that, even if the connections with Indigenous
Australian people are confronting to a participant’s worldviews and sense of being in world, there is still educational value in that Rebecca was able to identify in her reflections how judgements and attitudes may contribute to the care of future clients.

Participants in the first year found making the connection with Indigenous Australian people was enhanced when they were able to communicate with them and establish a rapport or friendship through multiple experiences. These opportunities to connect contributed to the participants’ growth and development, even though their personal views were challenged. In the third year, such connections were identified by participants as being very important and a considered aspect of their journey. For example, Rose, Annabel and Jack described how their connection with Indigenous Australian people was an important element in their growth and learning journey as well as in cultural competence.

For Jack, the opportunity provided to connect with Indigenous Australian people was not useful as there was limited exposure to Indigenous Australian people:

So that was part of the theory side of things where what we sort of learnt to take to practice didn’t really prepare us and then to go to our clinical placement there was, for me personally, there was very little exposure to any of the Indigenous population. So there was no real use of what we learned. (Jack, 3rd year participant, line 112)
The placement Jack was provided with hampered his ability to make a connection with Indigenous Australian people, and to Jack, made the experience useless. In spite of this, Jack persisted in his desire to make a connection, resulting in him making a connection on a clinical placement in his final year at university. This raised important implications of a ‘non-placement’. Jack noticed the absence of his experience in the first year and actively pursued the connection later in his degree. It seemed to Jack that making a connection was a vital part of his learning journey.

Rose described her preferred learning style as being experimental. Rose likes to ‘do things’ rather than read about things:

*Well, I learn by doing. So, for me, having the clinical experiences where I get to see different people where I get to know their background and where they are coming from and understanding them and I can connect with them, it just makes it easy for me to understand. Yes, and I can put myself into their situation and understand. So, by me connecting with them and making me understand, I can put the experience, like I have the experience to be able to connect everything. Connect with them. I think it is really important. Because otherwise, I can’t see how it would be possible to connect or to even just get [it], I mean if you read through a book it’s all well and good but if you can’t see it in real life, you can’t actually experience it yourself, and have certain experiences then you can’t connect with the person going through it. Then it doesn’t become very personal. That’s just how I feel. So I do think that [connection], it is really important. (Rose, third year participant, line 250)*

For Rose, it was important to feel things. Rose wanted to be a part of a client’s world and try to experience their world. For her, the connection was only possible through experience. Experiencing the world of the client was
important to Rose and helped her understand the clinical decisions and situations that may arise.

In the final year of study participants discussed how making a connection with culture was just as important as making a connection with Indigenous Australian people. This was when participants explored aspects beyond the clinical experience or presentation of the person they had met. They actively started to pursue the wider culture of Indigenous Australian people. For Annabel, this connection with Indigenous Australian culture occurred while on clinical placement. She described vividly her experiences while in Katherine, Northern Territory and the impact they had was apparent in her thirst for knowledge. She showed genuine interest in her placement experiences and linked her learning about cultural competency with the desire to separate ‘good’ and ‘bad’ through inquiry and experience. Annabel explained how she was assisted in her knowledge and learning through an artist’s interpretation of culture through art, Aboriginal Liaison Officers and the physical environment in which she was located during her placement, in addition to the clients she met while on placement. That is, her learning moved beyond client-based learning to an exploration of Indigenous Australian culture through an immersive experience. While on placement Annabel was looking beyond connections with specific people; instead, she looked towards culture more widely:

*I found out so much about the Aboriginal culture that I did not know, by going up to Katherine and doing the subject. The difference with the Dreamtime, and there is so much more to it, and the*
different stories. And then when I went up to Katherine and I saw so many different people. Not only the Aboriginal Liaison Officer but I also saw artists and interpreters and I just got to see so much of the culture and I got things explained to me. Even if I don’t remember everything, certain things just stuck in my mind. Also with the different foods and the different ways of how to actually use the land. Like you have the bush tucker and things like that. I had no idea. Because no one had ever spoken about it before. And people, I don’t know if they don’t know or if they have never been taught or just ignore it. But for me the finding of the truth, for me it’s not to explain things right or wrong, it’s the need for experience of these people that have these stories. That should be enough. It might just be me. (Annabel, third year participant, line 348)

What was particularly interesting was how Annabel’s knowledge and sense of inquiry into Indigenous Australian culture have transferred across many cultures. In the excerpt below, Annabel discussed how her learning in Indigenous Australian health had transferred across to her understanding of international communities:

Understanding why people, when they come from a different country, working as a nurse for example, working in Australia. There is a lot of people coming from India, [exploration of their culture] who would maybe give me a better understanding [of] their culture, a little bit of why they would want to be in Australia to work, making me understand why certain people would seek out different work opportunities. Just always other experiences working with other people coming from different backgrounds. (Annabel, 3rd year participant, line 388)

The learning she has experienced through making connections with Indigenous Australians has provided a ‘tool kit’ she can refer to across other cultures. It was now important for Annabel to have some knowledge on
culture in her professional practice. She described how the opportunities to making a connection will include her toolkit which involves bush tucker\textsuperscript{20}, engaging with people and beginning to understand aspects of Indigenous Australian culture. Annabel was not describing that ‘one shoe fits all’ but instead, she sees it as a genuine linking of concepts and the interrelationship across the application of cultural competence.

Participants in both the first and final years of study have described the impact the opportunity to make a connection with Indigenous Australian people had on their studies. Making connections assisted participants to reflect on their own behaviours, thoughts and feelings that had the potential to influence their nursing care. Participants raised the idea that the opportunity to connect with Indigenous Australian people needed to be provided through multiple opportunities and enable unique experiences that allowed immersion of self.

In summary

Participants have described a complex experience in making a connection. Figure 4.1 graphically displays the sub-themes and the relationship within Making a Connection. This will be explored in detail in Chapter 8. ‘Connecting the Dots’.

\textsuperscript{20} Bush tucker is any food that is native to Australia.
Participants described unique and differing ways they have connected, even in times when they needed to find their own way beyond the learning experiences and tools presented to them in their course. Participants, both in their first and final years of study, found it important to connect through their course: connect with their peers, connect through their nursing practice, connect with their culture which enabled the connect with Indigenous Australian people. Connection was confronting and, at times, raised significant emotional responses from participants. Reflections were deeply personal and vivid, often describing their emotional responses to situations that were confronting, challenging or wonderful. These situations generated change within the participants. Opportunities that promoted disconnect, rather than connect, raised emotions that were remembered. Participants found other ways to connect, often the result of the inner search.
for the *truth* and personal attributes they displayed towards their learning. *Seeking the truth* and *Attributes*, identified by participants as important in a journey of Indigenous Australian cultural competence, will be described in Chapter 5 and Chapter 6.
Chapter 5. Seeking the Truth

*Truth seeking* was a major overarching theme found in the data. The journey the participants described differed in the first and final year data. However, searching for the truth was common to all participants. In the first year, participants spoke of a rapid quest of inquiry that was imperative for learning about cultural competence and their perceptions of Indigenous Australians. They seemed to source a light bulb moment, an event that would switch them on, to now becoming culturally competent. Participants in their final year of study were still searching for the truth, although the journey was slower and more considered and they had reached an understanding that a light bulb moment had occurred.

This chapter will explore the *truth seeking* theme and how the interdependent sub-themes of *previously held truths, new experiences providing new knowledge and understanding, testing my new knowledge and understanding, and critically reflecting to form a new truth and knowledge* played a role in the participants’ journey of Indigenous Australian cultural competence. Each participant’s learning journey was unique and differing in context. Seeking truth revealed multiple realities for the participants with findings highlighting commonalities which all ultimately led to change in the participants’ world viewpoints.
Participants expressed a need for personal inquiry in their learning journey. First year participants were at a point in their degree where they had some theoretical knowledge and practical skills in nursing and were starting to piece together a perception of the profession of nursing. In the year one Bachelor of Nursing data, truth seeking was evident. Mary, Rebecca, Sophia, Lucy, Joshua and Sarah had completed the distance education subject *Indigenous Australian Culture Health and Nursing* (NRS194). In their interviews they revealed learning experiences that showed them searching for the truth. In their final year of study, participants Annabel, Ivy, Jack and Rose shared experiences that also showed them searching for the truth, indicating this as continual and reoccurring as participants’ experiences and journey changes.

Participants’ previously held truth varied between and arose from their upbringing and schooling, their families, the Australian media, the groups of peers they associated with in the specific nursing cohort within which they were enrolled. New experiences led to adjustments. These experiences/adjustments arose from a range of sources/triggers for example, there was an emotive response to a multimedia resource, *Cassie’s story: Dyal Ngal* used in teaching, theoretical content and clinical placement situations. Such experiences confirmed and reaffirmed personal learning and led to the acquisition of acquiring new knowledge and understanding. Participants tested the new knowledge and understanding through critical reflection to form a new truth.
Figure 5.1 represents how the sub-theme *previously held truth* aligns with the other sub-themes (*new experiences, testing my new experiences, critically reflecting to form a new truth*) and their interrelationship with key attributes (discussed in Chapter 6).

**Figure 5.1. Seeking the Truth**

As will be explained across the following three chapters, there were moments in each participant’s journey in truth seeking where the participant made a decision to embrace the new knowledge they had acquired. This seemed to be reliant on participants experiencing situations for themselves. They no longer believed their previously held truth (husband, friends, and media) but had first-hand knowledge and experience. This was a key component in moving to a new viewpoint in their journey of Indigenous Australian cultural competence. The process of truth seeking contributed to
the perceptions participants held of Indigenous Australian peoples. Truth seeking and its sub-themes are reliant on other major themes *Making connections* and *Moving to a different viewpoint* and this is important to remember when reading this chapter. When the three major findings are combined, this creates an environment where students move, in their journey of Indigenous Australian cultural competence. Although interdependent, sub-themes within this chapter will be presented separately to display specific elements found in each theme.

Previously held truths

One important first step was for participants to recognise their previously held truth in relation to Indigenous Australian people. Previous truth arose from participants’ personal upbringing and schooling, their family beliefs and values, the Australian media and the group of peers with whom they associated. This section of the thesis will explore excerpts from Sophia, Lucy, Joshua, Sarah, Mary (1st year participants) and Annabel (final year participant) that demonstrate how participants recognised previously held truths.

When Sophia embarked on her learning journey in *Indigenous Culture Health and Nursing* (NRS194), she was relieved she was not the only student struggling to understand the relevance of Indigenous Australian studies in a curriculum. As the excerpt below shows, she struggled to see the relevance of the subject:
From the first, when we first got our list of subjects that we had to do, I was thinking, “Oh my God”. And I wasn’t the only person studying that was going, “Oh, not Indigenous studies. Why do we need to know this?” (Sophia, 1st year participant, line 182)

Sophia initially struggled to see the relevance of the subject to her degree or her development as a nurse and was feeling uncomfortable with the content in the subject. Sophia’s initial views were created from multiple sources, in particular, her family:

My current husband, he has spent some time in the Northern Territory. Firstly he used to muster cattle by helicopter and he would sort of talk about some of the workers. How one minute they would be there and the next minute they wouldn’t turn up. They would just sort of take-off as soon as they got paid. They were off getting drunk. I also had friends that had worked, particularly a midwife, in hospitals in Alice Springs and also in Darwin during her husband’s placement with the military. Some of the stories that they would talk about, in terms of the women coming in. Not seeing their children, neglecting them and literally leaving the children in care of the hospital and going off, getting drunk, getting into fights and things like that. So it was quite interesting in terms of looking at Cassie’s story and how some of these, her situation from a personal point of view, and not from an outsider’s point of view. Sort of looking in and going, “Oh, you know, that’s just typical of, you know these Aboriginal families”. (Sophia, 1st year participant, line 29)

Sophia’s previously held truth was generated from her husband’s worldview.

Lucy, like Sophia, had acquired previous knowledge from other sources. Her truth changed during her enrolment in Indigenous Australian Culture Health and Nursing (NRS194) and in particular, during the clinical
placement associated with this subject. Lucy’s thoughts circled from
previous truth and knowledge to her new found truth. Her new truth related
to the description of previous knowledge. For Lucy, these were childhood
reflections:

Well, what I found to be the truth, or I guess what I
learnt as a child as far as Australia’s beginnings
wasn’t accurate. And I guess to me just the whole
egocentric view of what, when the Europeans came
and their view of how things were. If another society
or culture didn’t fit into how things were then that
wasn’t correct, or you, they had to adapt to their
way of society. So the whole process of
dispossession sounds like it’s either from the
Europeans point of view, it’s either my way or the
highway sort of thing. (Lucy, 1st year participant,
line 189)

Lucy recognised truth changes. Being informed by new knowledge and the
knowledge she acquired about the history of Indigenous Australian culture
had identified an error in her learning as a child that seemed to have upset
her. She appeared able to shift from a ‘white’ perspective of thinking to one
that has insight into other ways of knowing, in this instance, Indigenous
views. When speaking of this she seemed surprised, almost jovial that her
prior knowledge had been so different to her understanding now. She
seemed amazed at her previous understandings of dispossession and its
compounding effects:

I’m in my late 40s now and when I went to school
whilst you got a history of Australia’s settlement and
all that, I really didn’t know to what extent it
affected Indigenous people. So to learn about all of
that some of it was shocking, I have to say. And I just
don’t understand why the truth isn’t told. There
appears to be like a different version of history to
Lucy’s prior knowledge was informed by her schooling in Australia during the 1970s and 1980s. Societal values and personal truths were at conflict for Lucy. She recognised the filter placed on history in education by predominantly ‘white’ curriculum design during her schooling era. She was shocked to be informed during study at university of the experiences of Indigenous Australian people. She was seeing the difference between her secondary school and higher education learning and teaching. Such differences may reflect societal influences at the time Lucy attended her secondary schooling and university. Lucy’s new truth had arisen from her experiences of Indigenous Australian health enabling her to personally grow as she travelled along her journey in gaining truth. Lucy believed as you grow as a person, your perception grows and widens with time and societal values contribute to understanding and growth. Lucy’s journey and truth were changing as she explored her previously held truths:

So the truth that I have found, I was not aware of. A lot of things I was not even aware of. I don’t know if that is part of your original education, and then your interaction as you grow and become an adult and your society around you and what exposure you have to different communities and different cultures and that all builds you as a person but your view. So to discover all these, all this information that I think aren’t necessarily explained in schools. I don’t know how they teach now, but I do have very young nieces and nephews that have just started school and I will be very interested to see what their history lessons are like. (Lucy, 1st year participant, line 204)
Lucy’s realisation of the errors in her prior knowledge led her to be concerned about the education of younger generations in her family. The depth and breadth of the knowledge gap was at the forefront for Lucy. She had clearly accepted new information that had been acquired and this highlighted the difference between her previous and new found truths. It was the exploration of this difference that was important for Lucy’s change, growth and development in Indigenous Australian health.

Prior to enrolment in the Bachelor of Nursing, Joshua’s truth was influenced from media sources rather than secondary school. This may again reflect different societal influences on curriculum as Joshua was at secondary school in the 1980s and he was significantly younger in age than Sophia and Lucy. Joshua felt that his personal learning had also been sheltered:

*Prior to university, I did not have much (knowledge around Indigenous Australian people) except for what the news would portray. I think, a couple of years ago, they (media) were going on about like alcoholism and how Aboriginal people designed to drink. They can’t metabolise the alcohol. I don’t know if that’s true or not, but that’s what the media was portraying at the time.* (Joshua, 1st year participant, line 553)

Joshua’s knowledge prior to university was informed by the media and in particular, the news. His use of the word ‘they’ indicated he may consider himself different to Indigenous Australian people. Discussion with Joshua revealed he was already uncertain of his previously held truths and was thinking critically about the validity of the reflection. Even so, Joshua did not seem inclined to find ways to check on the information around alcohol metabolism. Joshua was using critical thinking skills to critique; he was not
assuming what he heard was fact. He was aware that some prior knowledge had been acquired through the media and he seemed to be reliant on his personal beliefs in his previously held truth. Joshua’s previously held truth had a relationship with his personal attributes (further discussed in Chapter 6). Joshua was at a point where he was not making any definite decisions around which piece of information was correct for him. That is, he seemed content to hold both views concurrently.

Joshua expressed a strong link between culture and a sense of being:

I don’t think people actually realise how important culture really is. For any community. Without it we would just be drones. Going about doing work, coming home, you know. Culture defines who we are, defines how we respond to situations, how we have a family life, and what we judge, or how much emphasis we put on what family, or what friendship is. And all of that sort of stuff. If you don’t have that, how do you measure true friendship, or true family, or anything like that. So I think in that respect it is very important. (Joshua, 1st year participant)

Joshua’s personal perception of culture had influenced his learning and the value he placed on his Indigenous Australian cultural competence journey. Joshua’s perceptions defined him as a person and how he viewed and responded to his world, including his professional sphere. He saw the influence family values had on his journey in Indigenous Australian cultural competence.

Joshua’s previously held truth, like other participants’, changed over time. It was his reflection on his previously held truth and its relevance to nursing
practice that assisted his exploration of prior knowledge and personal viewpoints:

*To start off with in the first year I just didn’t think, I just thought why we are doing this subject, how is it relevant to nursing. Because nursing should be about caring for everyone. There shouldn’t be like an Indigenous because there’s not a Muslim, there’s not a Catholic subject. But after learning there is quite a relevance to knowing about Indigenous culture and knowing where they come from and why we as, you know, Europeans and all that, see them as deviants in society, as for a lack of a better word, but a lot of other people might call them.* (Joshua, 1st year participant, line 192)

Joshua’s prior knowledge linked Indigenous Australian culture to religious traditions and values. He was aware of the shift he had made in accepting new knowledge (discussed later in this chapter) through his comparison of previously held truths. Mary also shared previously held knowledge from family values:

*You have what brings you together as a people, and then you have your family culture. Because, even if I am from somewhere, that doesn’t mean that you can say, “Oh, you do this, and you do that, and you do that”. It just means that oh yes I am from there and I have my traditions that I do, but my family culture is so much different to people I know and we don’t have the same beliefs because we were brought up different. So you have your own culture, but you have your family culture and then you have a culture which brings you together as a people.* (Mary, 1st year participant, line 140)
Mary saw her family values had influenced her prior knowledge and the lens through which she saw the world. Mary used her family values to compare her level of awareness to her peers. This will be discussed later under the sub-theme: *Testing my new knowledge and understanding* and was important in Mary being able to change her worldviews and develop a new truth.

Sarah was in her late 20s and not initially sure how she would feel about studying Indigenous Australian health and in particular, why it would be beneficial to her practice as a nurse. She had previously served in the Armed Services and indicated she liked structure and discipline in her world. In her interview, Sarah considered her personal response to the subject and discussed her initial ambivalence to her learning journey. It was through her ambivalence that she started to consider her prior knowledge and question her immediate personal response to studying the subject. Sarah previously found Indigenous Australian health to not be important in her world:

*At the start I was quite indifferent. I was ambivalent. I just thought this is a subject that we need to do, I’ll do and I’m not that interested. And I was thinking why aren’t I that interested? And I thought well it’s not really where I see myself at the end of my degree. I see myself in mental health doing, you know, more studies. But then, I think the placement really put it into perspective for me, that it is important.* (Sarah, 1st year participant, line 810)

Sarah enjoyed biomedical sciences and subjects that were clearly relevant to her perspective of health. Sarah’s purpose in study related to the practical application as a nurse and she could not, at the time of the data collection,
see the purpose in Indigenous Australian health and had limited prior knowledge. This led to the lack of initial interest in the subject. Sarah was initially of the belief she did not need to have knowledge of Indigenous Australian people because it was not an area in which she intended to practise. She was not personally interested in Indigenous Australian health and thus felt the subject was irrelevant. The excerpt indicates Sarah did not make the link that people with mental health disorders could be Indigenous Australian people. The placement component (discussed in Chapter 4. Making Connections) of the subject made the theory meaningful and purposeful to her and thus she had a change in perspective throughout her studies.

Annabel, in her final year of study, was reliant on the opinions and views of those around her prior to commencing her studies:

*I wasn’t born in Australia, so for me like I am not Australian, like I am Australian as an Australian citizen, but for me I’ve met quite a lot of people who think, like they don’t really know a lot about Aboriginal culture from the start, and they can be quite racist. Like with all the differences with what certain people can do, like with fishing? With what applies for an Aboriginal person and for a non-Aboriginal person, and they get quite upset with the differences. Things like that. I haven’t any question about what happened to the Indigenous people of Australia. I have always just accepted that is the truth. So for me I don’t know if that is where people are trying to find out what actually happened, was it actually the invasion and everything, I don’t know. If that’s what people are trying to find out, if that’s what the truth.* (Annabel, 3rd year participant)
Annabel questioned how knowledge for some people had been obtained. She seemed confused with how truth is sought for some Australian people and indicated her truth was different from others she knew. Initially, Annabel was already seeking validation of her truth from others (explored later in this chapter). Annabel seemed open to accept, rather than seek, information on the history of Indigenous Australian people. She also relied on the views of others to create an opinion. However, this changed when she went to an Aboriginal community as can be seen from the following excerpt:

*I found out so much about the Aboriginal culture that I did not know by going up to Katherine and doing the subject. The difference with the Dreamtime and there is so much more to it and the different stories. And then when I went up to Katherine and I saw so many different people.*

(Annabel, 3rd year participant, line 349)

An immersive experience opened Annabel’s world to differences within Aboriginal culture. Experiencing, for her, was important and was significant to her development of new knowledge and acceptance of a new truth. Annabel was still looking for her truth. She simply did not accept the views of others and this became the stimulation for her search for the truth and search for new knowledge.

A commonality with Sophia, Lucy, Joshua, Sarah, Mary and Annabel’s journeys was the way they used their previous knowledge as a platform to build new understandings around Indigenous Australians. However, as will
New experiences providing new knowledge and understanding

A key finding was that new knowledge and understanding of Indigenous Australian people, culture and health were obtained specifically from three important new experiences. These experiences evoked an emotional response and involved: personally working with Indigenous Australian people while on clinical placement; engaging with a media resource called *Cassie’s story; Dyal Ngal* and exploring Indigenous Australian culture through clinical experiences. The impact of these experiences was significant to participants, often making them reflect on prior truths they held. Participants were able to describe new knowledge they had acquired and at times articulated the emotional response it stirred. This was often presented as a recount of a specific moment in their studies and the feelings that moment presented to each participant. This section will explore the new experiences that provided new knowledge and understanding for Sophia, Rebecca, Lucy, Annabel and Jack.

During Sophia’s reflections it was evident her personal truth was changing. She was not as reliant on her previous sources of information (husband and girlfriend) and now seemed to be seeing the difficulties that Indigenous Australian people faced. This occurred when she had the opportunity to work with Indigenous Australian people while on clinical placement:
When I did my Indigenous placement, just sort of getting to know different people who came into the clinic for, especially for the family health checks. And just hearing about some of their situations, in terms of, you know, the father of say four young children, he’s in hospital and the wife – the mother, she’s on drugs and she has taken off and they don’t know where she is. And it’s left to the grandmother to look after these young children. So all of a sudden you are seeing the true face and not what like everybody else says that the Indigenous population are like. (Sophia, 1st year participant, line 47)

Sophia described this moment of enlightenment when she identified that Aboriginal people have a ‘true face’ and were not merely a statistic or media talking point. She now had some personal, first-hand concrete experiences and was not reliant on third-hand sources. Sophia spoke about hearing the true stories. She was connecting with the people she was meeting and seeing real people rather than basing her personal truth on other people’s stories and opinions. This highlights the importance of truth seeking in making connections. It was also important that Sophia was provided the opportunity to develop new knowledge and understanding through a personal experience with Indigenous Australian people. Sophia described her new knowledge:

*The grandmother that was looking after these four young children, even though I was an outsider and she was a regular to the clinic, she actually engaged me in her situation. And explained to me that her son had been in and out of, first he started off in juvie, which is juvenile detention. He progressed and then every time he came out he’d get drunk, get into the drugs, go and do break and enters and found himself back in jail. And here are these four beautiful children, happy, very well adjusted, you know sitting there while grandma’s talking, not getting upset but looking at her knowingly. It just felt that I was actually being included in their life and what was happening. It was before Christmas that I did the placement and she was hoping, she said that she was hoping that their Mum would clean her act up and*
for once come and spend some decent time with the children. Rather than arriving as she usually does on birthdays and so drunk and full of drugs that she couldn’t interact with the children. The grandmother would have to ask her to leave. I said to her when the children went out when we started doing adult health check, how the children coped with that and she said they are just normal children. They get upset, but they know that no amount of crying is going to change what Mum and Dad are doing. So that was really quite overwhelming. (Sophia, 1st year participant, line 92)

Sophia was confronted by the truth that stood in front of her. Her reflections were raw and full of emotion. Sophia faced new knowledge through her experiences and was able to obtain new knowledge through the conversations with the grandmother she met on clinical placement. Sophia now had some first-hand experience and knowledge and found the situation very challenging:

Yes. Challenging in terms of like I couldn’t show the emotion. Like I couldn’t breakdown. Which I then became quite emotional after we had admitted this young man. And you know, I couldn’t sort of show my horror in that these children, in the way that their parents were behaving. Not even considering the future of their children, because it would be alright because grandma’s there and great grandma’s there. Take care of them. (Sophia, 1st year participant, line 137)

Sophia was experiencing social circumstances that affected her emotionally. She was challenged on meeting an Indigenous Australian for the first time and experienced difficulty in balancing her personal beliefs and perceptions yet, rather than being deterred, she was hungry for her truth to be revealed. Sophia was at a crossroads where her previous knowledge was in complete contrast to the new knowledge and experiences she had obtained. The
change in perception Sophia had during her experience arose from her ability to connect and actively look for first-hand truth. This change was dependent upon personal attributes she displayed and valued (to be discussed in Chapter 6). As can be seen by this excerpt, Sophia was presented with a situation where she could form her own opinion, thus reducing the weight of others’ perspectives.

Sophia went into great detail about the clinical experiences she felt had changed her as a person during her study. As can be seen from the excerpt below, she seems to be adopting a non-judgemental stance. Sophia’s truth seeking primarily occurred during her clinical placement and influenced her understanding and knowledge of Indigenous Australian people:

*The reason being is that my perception has changed. Rather than listening to other people and how well what they have experienced and what they have seen, that’s completely different to what I have experienced and what I have now seen. And instead of thinking, “Oh God, they are going to be trouble” – they’re not. You just treat the Indigenous exactly as you would treat, say my grandmother. If she came in and she needed assistance. Treat them equally. And that’s a part of our nursing anyway.* (Sophia, 1st year participant, line 359)

Sophia’s learning led to her understanding that she can trust her own experiences rather than rely on other people (like her husband and friend). Sophia revealed her own truth through her clinical experiences in a remote community. She established relationships with local people and through this, had a change in her perceptions. Sophia was searching in *Indigenous Australian Culture Health and Nursing* (NRS194) and the truth she revealed changed her way of being as both a clinician and a person.
Sophia started to link the sources of truth with her understandings from her husband and friend. Sophia also found the teaching resource Cassie’s story: Dyan Ngal had provided new material that altered her perspective and led to her adjusting her truth. Cassie’s story: Dyan Ngal shifted Sophia from an outsider view to bringing insight into Cassie’s (an Aboriginal person) experiences. Sophia gained some insight into her client’s personal experiences. In the excerpt below, Sophia shared how Cassie’s story: Dyan Ngal was beneficial to her learning:

*It [Cassie’s story] introduced her life and the situations that they were experiencing. Such as how they saw health issues, things to do with her grandmother, her parents, also other people experiencing problems with the law. And these are the things that if you don’t have much to do with Indigenous people, there’s things that you only hear from other people. Or in the media.* (Sophia, 1st year participant, line 22)

Initially the resource Cassie’s story was useful to her learning as it provided her with new knowledge. Clinical experiences (as previously discussed in her reflections) and working with the grandmother on placement also provided new knowledge that triggered reflections from her past. Sophia spoke of her childhood and the social climate that was normal in her childhood. The subject Indigenous Australian Culture Health and Nursing (NRS194) provided an opportunity for her thinking where she began to consider the validity of her previous sources of knowledge that she relied on to inform her learning. Sophia reflected on the Indigenous Australian people in her life:
When I was going to school we did actually have an Indigenous family that lived a couple of blocks away from us and one of the boys went to school with us. And his older brother went to school with my brother and played football with my brother. But it was only at school. There was no, we didn’t hang out together and things like that. My Auntie on my mother’s side, she was married to an Indigenous man and I can’t really remember much of Uncle, but his great grandchildren now are asking my mother’s sister, about his family. They want to know more about their roots and their Indigenous background. Auntie has actually lost contact with all of his family. Because they weren’t really that forthcoming that he was going to be marrying a white woman. And Grandma wasn’t particularly happy that she was marrying an Indigenous man.

(Sophia, 1st year participant, line 284)

During her reflections it was evident that Sophia was forming her own truth through the new knowledge she was obtaining and reflecting on her previous understandings. Sophia was describing a situation where interracial marriage was not publically accepted within Australia and for her, it seemed that friendships with Indigenous Australian children were also not the norm.

The new knowledge seems to have had an impact on Sophia and her learning:

*I think what I have learnt in NRS194 will actually benefit me working with Indigenous people.*

(Sophia, 1st year participant, line 358).

Sophia’s new experiences led her to consider her biases (as previously discussed) and the impact they could have in clinical situations. She was still establishing her professional self as a first year nursing student and had been able to link aspects of equality to the nursing profession. As discussed in the excerpt below, Sophia discussed a fear of the unknown and how to act
when nursing Indigenous Australian peoples. Sophia’s fear became unknown knowledge. She indicated that the fear was still within:

_I suppose not being brainwashed, but by other people’s ideas and perceptions somehow sort of taint your ideas and perceptions. And then it’s like, “Oh God, I hope I don’t get that experience”. You know?_ (Sophia, 1st year participant, line 383)

Sophia’s first-hand knowledge from the experiences she had encountered had given her confidence in her nursing practice. However, the experiences also led to concerns about the amount of knowledge she still had to obtain. Sophia had gained the confidence to open the door to new knowledge through experiences and seemed hopeful that she would be able to maintain her current worldview of Indigenous Australian people. Sophia welcomed this change although, from the above excerpt, it seems she did have some concerns about reverting to negative pre-experience thoughts and was fearful that a negative clinical experience may taint her views. Sophia had grown personally in her studies from her previous personal accounts of Indigenous Australian peoples that were informed by her husband to now having some actual experiences herself. It is obvious that the connection with people she has met and her active search for her personal truth, through new experiences, have changed her as a person and influenced her professional identity.

Rebecca linked education with _truth_ and _knowing_. She expressed gratitude for _knowing_ and believed that it would enhance her practice as a future nurse. Rebecca believed understanding multiple views was imperative to
nursing practice and showed a keen interest in Indigenous Australian contemporary issues:

*Personally, I am so thankful because I feel strongly that education is the key. I would never have known what I know now. Both sides you know the good and the bad I think that there’s more negatives that I have seen. Opposed to the positives. And that kind of makes me feel, makes me a bit sad. That’s why my ideal with health care in Australia is, like we are taking care of everybody else that’s coming in, and we have not really done, further to the Indigenous people.* (Rebecca, 1st year participant, line 156)

Rebecca, a first year participant, was thankful for the opportunity to study Indigenous Australian health in her nursing degree. For Rebecca, education seems to be critical. She flagged her lack of knowledge prior to university and then emphasised the need for education to be objective – that is, to cover both the good and bad aspects. Rebecca was emotive in her descriptions around her personal learning. She expressed insight into her journey in Indigenous Australian cultural competence and found the experiences in her first year provided an opportunity for her to further her knowledge, particularly around the interrelationship of past Australian policies and Indigenous Australian history to contemporary health. It was evident she had reflected through her own personal experiences and on her journey in Indigenous Australian health:

*I didn’t realise how colonisation can have affected people. Marginalisation: it was such an eye opener. It just kind of helped me a bit more with my consciousness and with my awareness level. Just taking it to another level really.* (Rebecca, 1st year participant, line 304)
It was Rebecca’s exploration of history, through her study in *Indigenous Australian Culture Health and Nursing* (NRS194) that helped her reveal her new truth and moved her thinking to a different level. Rebecca’s new knowledge assisted her change, growth and development. Lucy shared a similar journey in linking her clinical experiences during her course to new knowledge and understanding:

*I really enjoyed it [clinical placement] and I am just glad that I’ve had the opportunity to learn about the culture and as I said the history. I don’t know, I am almost feeling guilty for not having had the interest to have found out about it on my own. To have researched about it. I guess the thing that I am most shocked about, is as I said before, finding out what it was really, what the history was really about. And you know that is something that I have found out by experiencing this subject. I guess it actually led me to even research the area that I live in to find out a bit, because the suburb that I live in has an Aboriginal name and it prompted me to find out a little bit more about my own area.* (Lucy, 1st year participant, line 398)

Lucy’s experiences created strong emotions. She described being *shocked* about the real history. Her experiences contributed to her wanting to know more about Indigenous Australian people who lived in her local area. This awareness prompted her to continue her education outside of the course by researching the local area and different areas of her life for links her community may have had with Indigenous Australian people. Lucy’s experiences not only led her to a new understanding and new knowledge, but also drove her to independent self-directed learning. Lucy’s feelings, evoked by clinical experiences, led her to feelings of guilt. This type of link has been published in research on the journey of cultural competence
The experiences compelled Lucy to reflect on her knowledge of Indigenous Australian people as a person, then link this to her clinical practice as a nurse. Lucy was actively pursuing her own truth and through this, new knowledge was formed.

Annabel, in her final year of study, indicated the importance that her search for new knowledge had continued throughout her degree:

*I think my understanding I guess and experiences throughout the three years I have been able to draw on my early experiences and then being able to understand later on and building up on them. It has just consolidated my own understanding, then with more experiences putting into different contexts. There may be people, not just the Aboriginal heritage but just any culture.* (Annabel, 3rd year participant, line 57)

Annabel believed that multiple experiences were important. These experiences collectively built new knowledge and understanding and were vital for truly understanding her journey in Indigenous Australian cultural competence. She saw the first year learning as a platform to build on across her degree and felt the need to apply her new knowledge in a range of contexts. Annabel had started to see the benefits of this learning to her understanding of other cultural groups. Jack’s experiences aligned with Annabel in that his learning journey was continual. Initially, he felt that he needed to be culturally competent when he completed *Indigenous Australian Culture Health and Nursing* (NRS194) in his first year of study. When he reflected in his final year, he understood that it was the ongoing
search for new experiences that would shape his knowledge and understanding. He also understood that practice in this space required close liaison with colleagues:

So [the] first year it felt more like we were meant to learn everything. To do everything. Whereas now it’s more about being able to recognise a situation, and using all the other health professionals that you have there to support you for that situation. (Jack, 3rd year participant, line 271)

New knowledge was displayed in different ways for each participant. The seeking of knowledge was reliant on new experiences that generated new understanding. Common to all participants was their weighing of new knowledge against past understandings in order to learn and understand Indigenous Australian cultural competence. It was clear that some participants, like Sophia and Lucy, had strong emotional reactions to their experiences. It seems that the more emotive the experience the more profound was their movement to a new awareness, a new truth. Experiences that generated emotions were useful to participants and triggered a change in both personal and professional self that ultimately led to a change of worldviews. For all participants, actively seeking the knowledge first-hand was important. Testing the new knowledge was the next phase of the truth seeking journey for participants.

Testing my new knowledge and understanding

It was important for participants to compare their new knowledge to previous knowledge. It was also important for participants to compare their
knowledge with their peer group with past experiences they shared. Comparing seemed to confirm or validate the new knowledge and thus was an important step in revealing the new truth that assisted participants to change, grow and develop. This will be demonstrated through exploring the experiences of Mary, Joshua and Ivy.

Mary was in her early twenties and migrated to Australia when she was 16 years old. Mary was uncertain of the subject *Indigenous Australian Culture Health and Nursing* (NRS194) for multiple reasons and found herself questioning common Australian standards towards Indigenous Australian peoples. One tool Mary used to engage with the subject content was an online resource (*Cassie’s story: Dyan Nygal*) that was developed in collaboration with Wiradjuri Elders as a resource for Charles Sturt University students (Universities Australia, 2012). As Mary navigated this resource she drew on her previous knowledge. The excerpt below indicates the story with the resource confirmed her truth:

> And I guess with the politics and everything I already had some knowledge of it. It just confirmed, I guess, the fact that everything I've heard is actually true. (Mary, 1st year participant, line 56).

Mary seemed to be actively seeking confirmation of her truth and wanted to validate her understanding by comparing her pre and post knowledge during her studies. Participants commonly seemed to prioritise knowledge they had obtained through first-hand experiences. As discussed in the previous section, the second and third degree sources of truth were peers, husbands,
friends and extended family. Mary considered her learning and understanding through the resource *Cassie’s story: Dyal Ngal* as a first-hand primary source of truth and thus it was enough to change her perspectives and reaffirm her worldviews.

Mary further tested her truth by comparing her perceptions with her peers. Her exploration of this started with discussion around perception of her knowledge in comparison to her peers:

*I did find it interesting to hear that other Australian people I guess when they are growing up, had not heard anything. We come from a different country, have more knowledge than other people do, which is quite interesting, that they wouldn’t know about their own culture. I guess, where I’m from we learn what is our culture and what is happening there. I know we have problems over there, you see what is happening with the Indigenous people getting pushed away. But it is still an awareness of it, like it’s not to the full extent to what happened here. We are still taught, who, and what our culture was. I guess when you widen your horizon you actually understand that there is more things around you. I don’t know if that’s ignoring things, they might have some of it [theoretical knowledge] in schools, but I didn’t go to school here so I have no idea, but that is just something that stood out to me in the chat room.* (Mary, 1st year participant, line 80)

Mary saw herself as different from her peers in particular, as it related to a desire to learn. She seemed to believe that this related to her cultural background with her cultural heritage influencing her viewpoint:

*Again I think that I maybe have a little bit more cultural awareness than other people in general* (Mary, 1st year participant, line 249)
In other words, her own background led to a heightened cultural awareness that her peers seemed not to demonstrate. When this was coupled with what seemed to Mary as a lack of desire to learn, the outcomes were, in her view, poor understanding. Mary referred to her peer group’s awareness of Indigenous Australians in the interview. She was using the comparison of her views to that of her peers as a tool to seek her truth:

> They [peers in her subject] knew that they [Indigenous Australian peoples] were pushed aside maybe, they knew that things had happened, but they didn’t know, hadn’t realised what impact, that what they are seeing today is just an effect of what had happened before. Because I know that even outside the chat room I have seen a lot of people that they used to think that they use drugs or they have seen them drink alcohol, but they don’t ask why. See what the actions are I guess. And it is the same perception I guess. They know that it is problems, but they never know really why. (Mary, 1st year participant, line 104)

Mary seemed to find her peers hard to contend with as their views conflicted with hers. Mary was looking for the cause of health behaviours and believed that her peers were not. Throughout the interview, Mary repeatedly compared herself to her peers. The comparison seemed important to Mary in finding her truth. Mary highlighted, in the excerpt above, how her peer group reveal their truth away from the classroom discussion forums and the lack of inquiry she had noticed from her peer group. This indicates that Indigenous Australian cultural competence learning occurs outside of the classroom.

Testing knowledge raised complexities for Joshua as is evident in the excerpt below:
It seems to be one of those subjects where some questions some of us don’t know how to ask to be politically correct. Put yourself in that situation of having to put it on paper. Whereas in person you can ask a politically incorrect question, that you might think is politically incorrect, but there is a way of saying it where the other person can actually direct you in saying it the correct way. (Joshua, 1st year participant, line 100)

Joshua was concerned in typing questions online on a forum where others participate. The issues of how to construct the question, and how to not cause harm or appear to be racist when you are unsure how to construct the question, was at the forefront of Joshua’s struggles. The permanency of a written comment being on record for what might be seen as racist was an important consideration for Joshua. This situation did not obstruct Joshua’s pursuit to compare his knowledge but raised challenges for him to overcome. He had the desire to test his knowledge, he was challenged by the way the subject was structured and the communication tools available in Indigenous Australian Culture Health and Nursing (NRS194) for him to achieve his testing. In spite of these hurdles, Joshua reflected on past knowledge compared to new truths that he was establishing.

Even though Joshua was testing his knowledge he still was actively seeking new ways to learn. He cycled back to previous truths as a way forward:

Prior to the subject I didn’t really think much of it. It was just, probably the norm, there’s a higher crime rate within the Indigenous community, I didn’t quite understand why they had family structure, because some of the areas I’ve lived in, in
the past you see their living quarters and it’s quite demolished and, you know bad areas that they live in. And my question to that was, why. I never could really understand. But I now have a little bit more understanding of their family structure. Because they can just go on a visit and pop into each other’s houses and stay there for as long as they want and just do whatever they want, when they come over. There is a respect level, but some people will take advantage of that. (Joshua, 1st year participant, line 232)

It was evident that Joshua was still exploring his understanding of kinship and family structure through reflecting on his previous truth and understandings. His sense of inquiry played a major part in his ability to move new knowledge to a new truth for him.

Prior to attending university, Ivy had been a childcare worker in a remote Aboriginal community in the Northern Territory. Ivy gave vivid descriptions about her time in the community and the truth she had reached at that point in time. What changed for Ivy at university was being able to articulate her truth and link new knowledge to academic literature. Ivy constantly compared her previous experiences and truths to the new knowledge (language and research skills) that she was surrounding herself with, as an undergraduate registered nurse:

"I had a history of working in Indigenous communities and I remember really enjoying learning [at university] about the background of why the situation was like it was. I was out in the desert in Alice Springs in a community of 150 Indigenous people. We were 300 kms west of Alice Springs and coming in to New South Wales was just

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21 For this thesis, kinship is important in Aboriginal and Torres Strait Islander culture. It includes all Aboriginal and Torres Strait Islander relationships and being related to and belonging to the land (Hampton & Tombs, 2013, p. 80).
a whole different way of being with people. Because I grew up in Melbourne and I didn’t even know that there was Aboriginal communities within Australia, until I sort of landed there by accident. I think that it is more that I have got a knowledge now that I can actually explain things rather than say, hang on I have just got to go and find out. I finally found a voice over the years of being able to do that within the literature. (Ivy, 3rd year participant, line 178)

Ivy’s truth did not change as dramatically. She came to university with some sense of Aboriginal culture and an understanding of diversity within each community in which she had worked and this was evident in her dialogue. This raises the important point that each participant was at a different point in their journey of Indigenous Australian cultural competence. Unlike the majority of other participants, Ivy had personal and professional relationships with Indigenous Australian people yet still she was testing her new knowledge and understanding. What was significant in Ivy’s comparison of past personal experiences to new learning (literature at university) was the ability for her to now execute her thoughts in a way in which she felt others could benefit. She compared the theoretical material obtained through her studies to the experiences she had while living on community. It was this comparison that led to her new found truth and most importantly, her voice, to share this knowledge with others.

Essentially, participants used the tool of comparison to platform new knowledge into new truth. The comparison was a vital component in new knowledge leading to a new truth for the participants. The new knowledge was very different for each participant but the comparison was important to all. The comparison validated the experience and led to a change in personal truth that influenced individual viewpoints or worldviews.
Critically reflecting to form a new truth and knowledge

As each participant moved through their journey of Indigenous Australian cultural competence, they gained new knowledge that was tested and affirmed and led to a new truth that changed their worldview. As will be explained in this section adopting a new viewpoint was heavily reliant on the participant being able to reflect critically about their new knowledge. It was through critical reflection that individuals moved from the new knowledge to a new truth that then created an opportunity for the participant to change their worldview. This section will explore how critical reflection played a role through the experiences of Joshua, Sarah Annabel and Jack.

Truth seeking was heavily reliant on critical reflection. Daley et al. (2010) point out that, in nursing, critical thinking “refers to the activity of questioning what is usually taken for granted” (p. 315) and “being able to identify the presence of an argument in any form and evaluate it” (p. 320). Thus, it is the ability to integrate current knowledge with new external information whilst using a method of inquiry, interpretation and analysis for an individual to respond in an optimum way. Critical thinking incorporates a wide range of skills and attitudes that support the nurse through a process of conscious deliberation (Daly et al., 2010). Fedoruk and Hofmeyer (2012, p. 268) define critical thinking as “complex thinking patterns that examine situations in terms of context and content incorporating purposeful, goal directed, outcome focussed thinking”.

Participants navigated within this maze in order to find their way and to develop new understandings and viewpoints on Indigenous Australian
cultural competence. Participants’ experiences in new knowledge combined with skills in critical thinking gave them the tools to make the knowledge meaningful through changed worldviews. This is perhaps the key difference in the findings between participants who do not move through new experiences in their journey of Indigenous Australian cultural competence and those who do. At multiple points in the participants’ journey they explored previous truth and compared it with new knowledge, leading to some insights into what the new truth meant to their journey of cultural competence. Critical thinking helped reach the new truth with individual journeys in Indigenous Australian cultural competence being unique.

Joshua’s excerpts highlighted many instances of critical thinking. Previously, we explored Joshua’s previous knowledge obtained from the Australian media and his critical thinking related to that. Joshua had reached a point where he saw Indigenous Australian people as being members of a diverse and multifaceted cultural group. Joshua’s capacity to reach this point was reliant on his ability to critically reflect. In the excerpt below, he shared how he was able to recognise his prior and new knowledge and then link his thoughts to his cultural perspectives of health:

*It [NRS194] sort of changed my view on that aspect. You know a lot of them [Indigenous Australian people] aren’t like that. If you look at it from a cultural perspective, not all of them are bad. Not all of them good. And that works in every single culture.*

(Joshua, 1st year participant, line 998)

*Indigenous Australian Culture Health and Nursing* (NRS194) provided a learning opportunity for Joshua to critically reflect. He compared his
previously held views to emerging knowledge using critical reflection to move him to a new understanding. In addition, it was through dialogue around his sexuality that the role of critical thinking becomes truly apparent.

It seemed important to Joshua that his sexuality was disclosed and was integral to the personal reflection he had undertaken in his studies around Indigenous Australian health:

*I suppose I had a bit of resentment. Towards the subject. Because, number one, I really like the idea of learning about the Indigenous culture, because I am from a minority group, in the sense that I identify as gay.* (Joshua, 1st year participant, line 152)

Joshua described being resentful of having to study *Indigenous Australian Culture Health and Nursing* (NRS194). Perhaps this arose from him being from a different minority group and there was not a subject in the Bachelor of Nursing that focused on sexuality. For Joshua, reflecting was vital in his learning and journey in Indigenous Australian cultural competence. Without the realisation as to why he was resentful to the subject in the first year, he may not have progressed to his new found truth. In the excerpt below, Joshua explains why he was resentful in completing the subject:

*And we weren’t offered that with the Indigenous subject, at all [internally]. Considering that, the side of me thinks that nursing, midwifery and Indigenous health, I always thought that would be a very keen component of our course structure to actually have a more comprehensive learning experience with the Indigenous culture.* (Joshua, 1st year participant, line 162).

Joshua was concerned about the authenticity of the subject *Indigenous Australian Culture Health and Nursing* (NRS194). It was through critical
reflection that he identified he valued the subject content and questioned whether the School of Nursing, Midwifery and Indigenous Health placed the same importance on the subject as it did with others within the curriculum. Joshua saw the compulsory nature of the subject as important. However, as it was offered in distance mode (as opposed to face-to-face with the majority of subjects) it seemed to Joshua that the School of Nursing, Midwifery and Indigenous Health had a low priority on Indigenous Australian health.

Joshua’s critical reflections continued as he discussed his experiences and relationship with the local Aboriginal community as a child. He saw these experiences as positive for him:

_Mum lives in an area, and there is a large Aboriginal community there. She is a part of that, she is actually dark skinned, and she looks like a little Aboriginal lady and she sort of fits in well with them. So I’ve had great experiences with them. Everyone always told me, do not go there, you’ll get robbed there, you’ll be bashed, you’ll be in big trouble. But never once has anything ever happened to me, or even been close to happening to me. One day I went out drinking without my Mum and I met one of the Elders there and she took me back to her house and you know a couple of her brothers, or sons, or cousins, or I can’t really remember because I was quite intoxicated at the time, I was quite young. You know we all got drunk at her house and, she was like, “Oh it’s time for you to go home”, and I started getting quite sick. And she ended up getting me in the shower, and cleaning me off, and looking after me. It was quite a good experience for me in an area that usually people would say, “Don’t go”. (Joshua, 1st year participant, line 503)_
Joshua described how his Mum sort of fits in to the Indigenous Australian community that he described. He provided a graphic and personal account of a childhood situation and how he trusted his own experiences. Other people had warned Joshua against engaging with the Aboriginal community. However, he relied on his own experiences to form an opinion. It seemed important to Joshua to ‘fit in’. In the excerpt above, Joshua reflected on feeling a part of a community, in this instance that allowed him to drink as a child and take care of him when he needed help. There is a sense that he was looking to belong and the Elder and the Indigenous Australian community provided safety for him. Joshua concluded that culture was an essential part of being for him and a culture to which he wanted to belong:

*It’s family stories, it’s the friendships. It’s the fighting, it’s the love, and it’s the everything within that community. I find it fascinating and then apart from, because when you are accepted from my understanding, you are a part of their family. So I just find that quite exhilarating to want to be a part of and to somehow work to get there.* (Joshua, 1st year participant, line 208)

Joshua wanted to be a part of the Indigenous Australian family. He identified Indigenous Australian culture as accepting people and having a rich sense of family. Perhaps this was an aspect in Joshua’s life that he was wanting, particularly identifying from a minority group. Joshua’s reflections are raw deeply personal and related to his sense of culture. Joshua’s truth arose from him allocating time and space to critical reflection on his own sense of being and from him creating links between how his personal self, influenced his professional identity as a nurse.
Sarah was not immediately aware that she was looking for truth during her journey of Indigenous Australian cultural competence. However, critical reflections and connection were significant in her journey. Sarah’s discoveries were evident when she reflected on a situation where she heard racist comments on a clinical placement:

> It helps you to, kind of, when you do hear those comments, I don’t react as much as I used to. Because I understand why people make those kinds of comments. It’s because of their own ignorance. Not that there is any truth in them, but that’s what I think. (Sarah, 1st year participant, line 573)

Sarah’s approach to the subject started as a passive disinterest, unable to find the relevance in learning about Indigenous Australian health to an exploration of racism in nursing. Sarah’s truth had evolved during the course of her study. The discourse of her recounts indicated that she reached a new understanding at the time data were collected. Sarah clearly detailed the importance to her of treating all patients the same, regardless of race. Sarah’s truth had evolved from her clinical experiences, with critical reflections on these situations driving an appreciation that Indigenous Australian health is a specialist area in nursing practice. In Sarah’s case, critical reflection changed her future action plan. This also led Sarah to want to advocate for Indigenous Australians and to challenge others’ viewpoints and statements:

> This subject has made it easier for me to try to explain to people. Like I explained to my husband one day, because I understood a little bit more, and he just kind of shut his mouth. He didn’t say anything and actually listened to what I said. So it’s kind of given me the tools to just stop those
conversations in their tracks sometimes. The racist conversations, the typical, stereotypical “They should get jobs”, and all that kind of crap. Yeah so that’s, that’s my other experience with Indigenous Australian people, is other people’s negative attitudes towards them. Which I just, I just don’t like it. So, yeah this subject has been good for that. (Sarah, 1st year participant, line 517)

This was a new experience for Sarah and one she linked to her learning. Sarah’s truth arising from experiencing for herself and linking the relevance of subjects to clinical practice had been informed by her nursing experiences while attending an Indigenous Australian placement. Sarah’s perceptions informed her ability to have confidence in herself to speak out against racism at home. From this clinical experience, Sarah had changed her worldview impacting on both her personal and professional truths. Sarah reflected on the fact that she was still on a journey of Indigenous Australian cultural competence and this journey would continue to evolve. Critical reflection seemed to have equipped Sarah with a tool to support her change, growth and development in Indigenous Australian cultural competence and her understanding of the journey.

In the final year of study, participant findings showed them forming a personal definition of Indigenous Australian cultural competence. For these participants, Indigenous Australian cultural competence had moved from being predominantly focused on nursing studies to being important in other areas of their lives. For example, Annabel had moved to a point where she was able to reflect on her learning and articulate what cultural competence meant to her as she embarked on her final days before graduating:
Cultural competence I guess it is just understanding myself and my own culture and also understanding other people coming from a different background, and being from a different country, I guess being aware of different cultures and that and just not I guess taking everyone as the same. I mean if someone obviously has the same heritage and background they might still have a different culture. Different culture, so cultural competence I guess, is that you actually are aware of yourself and other people and never make a judgement on someone before you have actually spoken to that person, initially and know where they’re coming from. (Annabel, 3rd year participant, line 42)

Annabel had used critical reflection to reach an understanding that herself and her own culture were a vital element in Indigenous Australian cultural competence and her capacity to move to a new viewpoint. In the absence of reflection, Annabel felt ill prepared to be able to nurse effectively. In the excerpt above, she explained how critical reflection had helped her move beyond a 1st year space and how awareness and being non-judgemental were now important in her practice (discussed further in Chapter 6).

In the excerpt below, Jack described his views of Indigenous Australian cultural competence that primarily were around respect and safety being the responsibility of the registered nurse:

*The point where I am either caring for someone of any culture, being able to respect that they may prefer a different method of care or like I think right now when, at this point of time, being nearly*
finished I should be able to identify to a degree with anyone to a level where I cannot make things worse. I think which an important thing is whether you can make things better, whether you know or you don’t know so long as you can recognise enough that you don’t make it worse. So whether that’s saying that you can’t do something for someone that you can find the right person to help, or a liaison or something to come and facilitate or your care for the person. (Jack, 3rd year participant, line 254)

It was through critical reflection that Jack arrived at a new point of understanding Indigenous Australian cultural competence. Key to this was reflection on how he saw the world and how his thoughts could influence care. Jack described the changes he saw in himself:

So I think it’s given a lot more patience in that initial conversation as such. So, it’s sort of gone from being a very closed view of what someone will likely or will value, to being a very open situation. (Jack, 3rd year participant, line 559)

Jack described a transformation in himself from previously having a narrow view of Indigenous Australian people to now having a view that is open to situations and difference.

The excerpts from Joshua, Sarah Annabel and Jack highlight ways in which they used critical reflection and how crucial reflection was to their capacity to move to a space in which they were able to form new knowledge. Each participant described unique aspects that triggered their reflection, all of which led to a change in their viewpoint of the world. The reflections were
segued to deeper learning that at times, moved beyond a focus on their university studies to their wider world.

In summary

Seeking truth and sub-themes, previously held truths, new experiences providing new knowledge and understanding, testing my new knowledge and understanding, and critically reflecting to form a new truth all were important in the participants’ journey in Indigenous Australian cultural competence. Each search was unique to participants and influenced by the participants’ commitment to critically reflect. Central to this were attributes participants possessed. These were essential qualities contributing to their drive and perseverance in learning about Indigenous Australian health and culture. These attributes will now be explored and are the core qualities within the search for the truth.
Chapter 6. The Core of Truth Seeking

This chapter will explore personal attributes that participants deemed necessary in their search for the truth. Personal attributes are defined for this thesis as a unique quality or inherited part of a person. Both the first and final year participants identified attributes that assisted them on their journey in Indigenous Australian cultural competence. The term ‘attributes’ has been used widely in tertiary level curriculum development and nursing, and is often used interchangeably with other terms such as ‘skills’, ‘capabilities’ and ‘competencies’ (Sixsmith & Litchfield, 2009; Green, Hammer & Star, 2012).

For the purpose of this thesis, attributes will be defined as the qualities that lie at the centre of knowledge and learning in a discipline area (Barrie 2004). In this instance, the personal knowledge and learning relate to the journey of Indigenous Australian cultural competence within the discipline of nursing. These qualities cannot be separated from discipline knowledge, instead, hold a steady relationship of parallel understanding. For participants in this research, the attributes were the qualities that enabled them to grow, change and develop in their search for the truth in their Indigenous Australian cultural competence journey. They provided the landscape for participants’ acquisition of knowledge. In this instance, the discipline knowledge was the journey of truth seeking with the framework of truth seeking and making connections that led to a change in worldview as the learning. Five attributes were unique and determined: persistence,
awareness, empathy, respect and openness. Attributes were often used in collaboration with each other, thus resulting in them being interdependent.

Attributes were described in two ways: first, as an enabler or motivator for learning, and second, attributes were a tool to connect discipline knowledge and personal learning. Enabling attributes compelled the participant forward in their journey or helped maintain the desire to continue learning when they faced challenging situations. Connecting attributes were necessary to connect the theoretical discipline knowledge to the actual experiences that informed participant learning in Indigenous Australian cultural competence.

As will be explored below, enabling attributes were to be persistent and awareness. Connecting attributes that created a link for participants between discipline knowledge and learning were being empathetic, to be respectful, and being open. Excerpts from Kara, Mary, Lucy, Erin, Rebecca, Stacey, Ivy, Rose, Sarah, Annabel and Jack will be used to explore these central elements.

The Enablers

To be persistent

Persistence was an important attribute that motivated participants to continuously search for the truth. Despite obstacles faced by participants,
persistence helped drive their search for their truth. Like other attributes, persistence was interdependent with other attributes. Erin and Jack revealed how persistence was an attribute that was important for them in their journey.

Even though Erin spoke of many attributes in her interview, it was clear she felt persistence was one of the most important to her journey in Indigenous Australian cultural competence. In her clinical placement, she described many situations that were very different to what she had encountered in her personal life. She vividly described people, places and situations, how she felt about these on a personal level and her professional response. Erin described how she could have been deterred from nursing by some of these experiences. However, persistence was the enabler that propelled her journey in Indigenous Australian cultural competence to continue to develop and grow:

_The nurses that I was working with they obviously knew the family and I saw how, I think they saw it coming, and that it was going to happen. But they still, they kept trying and trying until they got this little boy what they needed. Like they weren’t just going to say, “Oh, okay, you won’t have someone to go with you, you’ll just have to leave it”. So I think it will mean that if there’s something you stand for you are not just going to give up._ (Erin, 1st year participant, line 186)

Persistence was both a motivator and enabler for Erin, demonstrating not only the interconnectedness of the attributes but also the way they were used by participants. From the excerpt above, Erin recognised how persistence
was used in the clinical scenario and she saw the benefits for clients when a nurse used the attribute. When Erin faced obstacles or challenges in her journey in Indigenous Australian cultural competence, persistence enabled her to grow.

Persistence also assisted Jack to continue in his journey despite setbacks. In the except below, Jack described a situation where his Indigenous Australian cultural competence learning journey did not align with what he was experiencing in the clinical world:

*There was one situation where they [nursing staff] didn’t want the cousins in there [in the client’s room in an acute setting], even though they were important to him and they were his family, or the male cousins. So one of the nurses went in there and kicked everyone out and for the rest of that day he [the client] was obviously upset and didn’t speak to that nurse anymore even though she [the nurse] should have seen that for him personally it would have been better to have those people in there and sort of facilitate it. As opposed to block it. So really I feel that it really affected the care that he received. And that was why I actually didn’t enjoy the placement because of seeing the instances of seeing that they weren’t really facilitating it [care] (Jack, third year participant, line 217)*

Jack wanted to practise in the way he had learnt was appropriate during his theoretical studies. However, he felt unable to do so because he was a student nurse. Jack’s journey in Indigenous Australian cultural competence appears to have been hampered by such experiences on clinical placement, with him being unable to stay true to the values, behaviours and skills he believed were important in his journey. In spite of this, Jack wanted to be a
culturally competent practitioner and was not deterred from believing that this was possible. Despite the situations he faced, he persisted in believing that he could make a difference as a registered nurse:

So, come, in retrospect I guess, the power imbalance of being a student there, I can’t really say much, so when I am there in a place like that as a registered nurse I can actually say something and influence change. (Jack, 3rd year participant, line 84)

It was this attribute of persistence combined with Jack’s use of reflection and empathy that enabled him to learn from a situation that may have blocked his journey in Indigenous Australian cultural competence.

Jack’s position as a student nurse meant that he felt he had little power to effect change. The environment silenced him even though he felt practice was inappropriate and should be improved. This led Jack to identify himself as a registered nurse ‘in waiting’, unable to reach his full potential until he stopped being a student. He seemed to fear retribution if racism was ‘called’ by him as a student. Whether the outcome would differ if he experienced similar situations once qualified is unknown. Jack believed that as a registered nurse he would have sufficient power to make change. For Jack, the risk was almost too great for him to identify the behaviours he saw as inappropriate yet his learning and growth continued through his persistence and his capacity to hold true to self. This was important as it revealed that the journey of Indigenous Australian cultural competence is ongoing and required the drive and persistence of participants. In this respect, ‘espoused’
versus ‘the enacted practice’ differed, yet, on the journey of Indigenous Australian cultural competence learning, Jack persisted in his aspiration to enact his espoused practice, even though this would need to wait until he was qualified.

Awareness

Awareness was an attribute that assisted participants in their ability to make connections and search for the truth. It was a quality that was actively practised by participants and enabled nursing theory to be transferred into practice which then created a space for connection and the search for the truth. This section will use excerpts from Rebecca, Stacey and Rose to explore awareness and how it played a role in enabling participants on their journey of Indigenous Australian cultural competence.

Rebecca felt awareness was the attribute that was helpful in her connection with people and search for the truth. In the excerpt below, Rebecca described why she felt that awareness was important:

*I strongly feel they [Indigenous Australian people] would be judged. You know they are judged. And the bulk of Australia is not aware of what the people have gone through. And yeah I would find it difficult for them to go and sit in a mainstream health centre. You know, to see a Doctor there. They would feel so comfortable if they went where people are more understanding of what they have gone through, not judged, feel comfortable, if they want to talk loud they are allowed to. You know the kids can play, run around and things like that. Those are little
Rebecca was discussing the role of Aboriginal health centres versus mainstream health services and discussed the racism she saw generated by health practitioner behaviours and attitudes to clients. Rebecca believed if nurses had a higher level of awareness, they would have insight into the implications of health outcomes for clients. Rebecca saw awareness as a vital attribute in her journey. Rebecca recognised that nurses’ actions can influence the outcomes of a client and saw this as important to her learning journey.

Like Rebecca, Stacey saw that her approach to nursing had the ability to influence client outcomes. She put this down to the attribute of awareness and indicated in the excerpt below, how awareness could be demonstrated through openness, that is, registered nurses being open-minded to cultural difference:

*I think that it just helps me to remember to be open-minded. And to ask people what they want. Not what I’ve decided I think they need. Yeah what they want and what they need.* (Stacey, 1st year participant, line 454)

For Stacey, awareness as displayed by open-mindedness was important in her journey in Indigenous Australian cultural competence. The attribute of awareness, was described by Stacey as providing the space to empower a client and this was a critical part of her learning journey. For Stacey, she felt the need to be aware of others and their cultural values. With awareness,
respect closely followed in her actions as a student nurse, as described in the excerpt above. Stacey decided when she was a qualified nurse it was now important for her to ask a client what they are hoping to achieve in their health, rather than assume.

Rose detailed how she was still using the attribute awareness in her final year and described how useful it would be for her in the future as a graduate nurse:

So I think me as the rookie student, still learning things and going to graduate soon, post grad in a year or so. I think that’s important to be aware of and try and establish that straight away. I don’t know, on the network or something, and be really aware of it and still treat them the same even if they aren’t in my world. Just respect what they want. Their cultural or religious issues and try and give them the best care and respect that they want. And just do your job. (Rose, 3rd year participant, line 150)

Rose, like Jack described a learning journey that was continual. Rose indicated she had an understanding some people may choose not to identify or practise their culture when they are requiring health care. For Rose though, it was important she always had this in the back of her mind, particularly if the cultural group was different to the world she knew. Rose’s understanding of herself in her professional world was important – she saw awareness as a foundational component of nursing care and a core attribute in her journey of Indigenous Australian cultural competence.
Attributes that connected

Being empathetic

Being empathetic was revealed as an important attribute when participants shared their journey in the search for the truth and assisted the participants’ growth and development. This section will explore empathy through excerpts from Kara, Sarah and Jack.

Kara, an Aboriginal participant, spoke openly about the empathy required on her journey of truth seeking. Kara’s journey made her rethink the family experiences she had and her connection with her father. Kara’s learning sparked an interest in her family’s cultural background and in turn, prompted Kara’s connection with her own culture (as discussed in Chapter 4). Kara openly described how she struggled with the reflections the learning triggered. Her reflection on the difference between her own and her cousins’ upbringing was important to her. Kara identified empathy as the attribute that helped her continue her search for the truth through the emotions it stirred:

*I guess I feel real empathy with the Aboriginal people, even though I kind of feel apart from it. I am still exploring it in the sense that I know that I am Aboriginal but I don’t know where I fit into the whole society of it all.* (Kara, 1st year, participant line 212)

Empathy was the attribute Kara used to move in her journey and the tool she used to explore her own heritage. Empathy seemed to settle the anger
around inequality (described previously) and allowed her to move beyond this emotion and deeply reflect on how she could make a difference.

Empathy helped her connect with her heritage. Kara described how she previously did not feel linked to other Aboriginal people she knew and how connections made through her studies and search for her truth supported empathy and made her feel closer. Empathy helped Kara enter a new understanding.

Sarah described how she had to be able to put herself in someone else’s shoes, to be aware, to feel empathy in order to understand and make the necessary connection:

*I need to be able to put myself in someone else’s shoes. And kind of empathise with where they are coming from. And allow me to understand better what someone needs. And what someone’s health needs might be.* (Sarah, 1st year participant, line 219)

Empathy created the landscape for Sarah to understand. It was this understanding sparked through empathy that helped her move to a new viewpoint.

Jack empathised with a patient’s treatment and married it to a sense of failure with his incapacity to act. The empathy Jack described was about the clinicians who did not display appropriate nursing practice/strategies towards Indigenous Australian people:

*I felt bad for that person. You know empathy that they were in that situation and someone who should be able to help them and hadn’t as likely had the*
proper training and probably education to get through the barriers and that. To improve care. So I sort of felt that, I felt out of place. I felt that either I was out of touch with what was meant to be happening or didn’t really feel that I could say anything. (Jack, 3rd year participant line 279)

Jack seemed to use empathy to ensure that his journey was not blocked or silenced and his learning continued. It was empathy that drove Jack to aspire to be a better nurse and improve the health care of those in his world.

Empathy was an enabler. It was an attribute that helped project participants to a new viewpoint through triggering an emotional response to a situation and for some participants, like Sarah, it was interdependent on other attributes.

To be respectful

To be respectful was important to participants in their practice of nursing. Through respect, participants recognised that nursing behaviour could influence practice and experiences of care. This section will explore to be respectful through excerpts from Mary, Lucy and Ivy.

Mary explored her truth through her family values, in particular, respect. During her journey, Mary described the importance of respect for her:

"I guess it just comes down to being respectful. But how are you being respectful if you don’t know the culture or the different things that make you respectful in that culture. I learnt that if someone doesn’t want to talk to me then they don’t want to talk to me. I just do what I am doing and if I get the okay then it’s okay. If I talk to them then it’s okay"
and if they don’t want to talk to me then it’s fine. If they don’t want to look at me they are fine. (Mary, 1st year participant line 332)

Through respect, Mary recognised the diversity of Aboriginal and Torres Strait islander communities and how important it was. Mary also recognised her behaviours as a practitioner could demonstrate respect at varying stages of the client–practitioner relationship. Respect became the tool Mary used to navigate her way to a deeper connection and search for the truth.

Lucy and Ivy also considered respect was paramount in their journey. Although the way they used respect varied, it led to a deeper connection and search that created a change in worldview for all of them. Like Mary, Lucy understood the need to follow cues from an Indigenous Australian client:

We come across so many different people in our practice that you really need to get cues; you get some cues from your clients as to how, what is acceptable interaction. You know it’s all about respecting the individual and I guess having the experiences of that I have learnt through the course like you can adapt that to everyone that you come across in your nursing practice. (Lucy, 1st year participant, line 362)

Lucy strongly believed if she adapted her practice to the cues the client gave, she would be on a pathway to culturally appropriate care. The attribute of respect became her tool to engage and thus allowed her to move on her journey.
Ivy found respect was highlighted when she delved into her previously held truths and experiences in a childcare role. As she explored the literature in nursing and added new knowledge, she concluded that respect was a vital attribute for her, particularly when recognising diversity:

“So you have got to be respectful that not everybody is the same [within the Indigenous Australian community]. (Ivy, 3rd year participant, line 142)

Being respectful became the attribute that assisted her search for the truth and learning in Indigenous Australian cultural competence.

Respect supported deep learning and enabled participants to validate their new understanding through the connection they made with their client. Respect was a skill that participants used in clinical practice and it actively assisted in connecting with client and journey in Indigenous Australian cultural competence.

**Being open**

Through being open, participants could reach a new understanding through experience which resulted in change, growth and development of the participant. Participants identified three ways of being open. These were described by participants as being receptive to new ideas, having an open heart, and balancing personal and professional views while delivering nursing care. This section will explore how openness was manifested
through excerpts from Stacey, Ivy, Rose, Annabel and Jack in the core attribute of being open.

When Stacey was asked how her experiences in her first year would assist her future practice as a nurse, she detailed the importance of the attribute of openness:

Yeah I do. I do. Because I think that it just helps me to remember to be open-minded. And to ask people what they want. Not what I’ve decided I think they need. Yeah, what they want and what they need. (Stacey, 1st year participant, line 451)

The attribute of openness was important to Stacey and impacted upon her communication with clients. Without openness she saw her practice impeded to the point of it not being useful. Being open-minded allowed her to be receptive to new ideas, creating a space in her practice for clients to be empowered in their health care. In the excerpt below, Stacey discussed how the absence of openness resulted in little improvement to health for clients and inability to continue her learning journey in Indigenous Australian cultural competence:

The basic job is to improve health. So if the clients aren’t on board. If you can’t figure out a way that is appropriate for them, then there will be no improvement. At all. And then your job’s not getting done and no-one’s, you know, there is no point. (Stacey, 1st year participant, line 461)
Ivy linked open-mindedness to having an open heart:

Like an open-mind. You need a really open-mind and heart too and be really quiet to understand their needs. You have got to, just stand by and listen to what you are being told without your ideas of what it should be in your head. (Ivy, third year participant, line 48)

Ivy raised the interesting point that the influence of the heart on what you are thinking in your head is important. She indicated the ability to listen was her method for having an open heart. As seen in the excerpt below, she felt being able to regulate her personal and professional self was very important when being open and, in essence, was how she opened both her heart and her mind. Rose also felt this was important and went on to explore the link between personal views and professional practice:

I think you need to have a big broad open-mind. So that everyone’s culturally respected and do what you can to help that patient. And leave your personal views, as always, at the door. When you walk into a job. (Rose, 3rd year participant, line 104)

Ivy and Rose raised the importance of personal views and professional practice on the journey of Indigenous Australian cultural competence. New knowledge was generated by all participants but the attribute of openness was key, particularly for Ivy and Rose moving to a new way of thinking. New knowledge was accepted both on an intellectual level but also it was recognised that the knowledge needed to have impact on the participant’s wider personal self. Rose indicated her way of being as a nurse needed to
differentiate from her personal way of being in the world, if the two were not synchronised. It was the attribute of being open that provided the tools for her to achieve this. Without the skill of openness, Rose felt she would not be able to deliver culturally competent care.

Annabel felt her ability to understand diversity was reliant on her ability to be open to new ways of practice:

So if I can understand the people and where they are coming from and understand how they end up where they are and understand I guess their thought processes and I mean I can’t understand 100% everything what they do, but if I understand where they are coming from including their culture and everything what makes them, then I will be able to give or help them and nurse them, or give advice, or whatever it is that I need to do for them. For them to be able to lead their life. It makes it much easier because I can’t nurse someone from my perspective because it’s them. Their journey. (Annabel, 3rd year participant, line 598)

Annabel clearly saw nursing as a service. She saw herself providing a service to the client and used her knowledge to assist them in achieving their health outcomes. She uses the attribute of openness as a mechanism to enable her ability to connect to a client and search for her truth, assisting in her journey of Indigenous Australian cultural competence.

In Summary

The attributes have assisted participants on their learning journey in Indigenous Australian cultural competence. The attributes enabled the
participants to continue their search for the truth, qualities that supported their critical reflection (Chapter 6) and ability to link new knowledge to new worldviews. The attributes assisted in being able to create meaning in their journey of Indigenous Australian cultural competence. It seems personal learning was as significant to participants as discipline knowledge. Combining these helped participants move to a new way of thinking that influenced their worldviews. Attributes were central to truth seeking and important to participants. The next chapter will explore how truth seeking and attributes combined to enable participants to move to a new viewpoint.
Chapter 7. Moving to a different viewpoint

The findings so far have revealed three major overarching themes: Making connections (Chapter 4), Seeking the Truth (Chapter 5) and The Core of Truth Seeking (Chapter 6). This final findings chapter will present findings that highlight the point in the learning journey where the participants’ viewpoint changed. Viewpoint will be defined in this thesis as the “comprehensive conception or image of the universe and of humanities relation to it” (Flexner & Hauck, 1993, p. 2160) and has been considered essential in guiding the development of conceptual models and theories in nursing practice (Flexner & Hauck, 1993; Fawcett, 1995) (discussed further in Chapter 8). For participants, this was the time when there was a transformation in relation to their knowledge and development in Indigenous Australian health. The process of moving to a new viewpoint had an interrelationship with other findings and was revealed through the unearthing of other major themes (Making connections, Seeking the truth and The Core of Truth Seeking) and their sub-themes.

This chapter will explore the participants’ experiences in moving to a new viewpoint. The paradox in their journey will be revealed along with situations that hindered or assisted change. It will explore participants acknowledging personal growth that changed the essence of self-influencing their worldview. It will reveal their journey in Indigenous Australian cultural competence was unfinished, brought to light through the exploration of participants’ language. Finally, the realisation by participants
was acknowledged that the journey in Indigenous Australian cultural competence was not yet over.

Knowledge helped me grow

First and final year participants shared a sense of how they had personally grown through their learning journey and how this influenced their journey in Indigenous Australian cultural competence. Students wanted the opportunity to acquire new knowledge and determine how this influenced their personal growth. Learning and growth were two important elements in the participants’ overall journey. This will be demonstrated through the excerpts of Rebecca, Annabel, Ivy and Rose.

Rebecca spoke of the change her education had evoked:

My views have changed. And personally I am so thankful for that because I feel strongly that education is the key. I would never have known what I know now. (Rebecca, 1st year participant, line 158)

Rebecca felt her growth was aligned to her education. The new knowledge she had obtained was strongly linked to her change in views and her overall growth as a person. She relished her new knowledge and believed without the content in her formal studies, she would not have acquired her transformation in thinking, her view on the world. Annabel, through her studies moved to a new viewpoint. She shared some of her personal learning:
I come from a different cultural background, I also have my own culture that I have to think about when I guess in one way I actually learned quite a lot about myself through the three years. Because with my own I am holding myself back a little bit, quite reserved sometimes. And for me the cultural understanding that I can’t always be reserved in being a nurse, I had to get in there and do different things even if I might feel a bit uncomfortable, because of my own culture. So I guess that’s what happened, but that’s the last year actually really understanding myself in certain situations. But I think that has more to do with experiences I have been exposed to. (Annabel, third year participant, line 89)

Annabel shared how she had been compelled at times through circumstances to move out of her comfort zone. Moving from her comfort zone created a space for her to learn about herself. It was in this space that Annabel described her learning and the impact it had on her journey in Indigenous Australian cultural competence:

It feels so hard when I am trying to describe it. Because I know I have grown as a person myself, and I have had a lot of small issues throughout my nursing course, which I’ve had to grow myself. But it is hard to pinpoint. I just know that my experiences and I guess my broadened view, that it is easier for me to understand and see things. Even if I know that I was culturally aware before it probably has deepened now. I don’t really know how to, I just know that I have more experience in certain things, I can understand things a bit better and I have probably come across different cultures a bit more. Even with working with different nurses and some of the patients. (Annabel, third year participant, line 307)
Annabel was piecing together the puzzle of her learning journey. She knew she had grown as a person and was aware her journey had moved in Indigenous Australian culture competence and in turn, influenced her view on the world. She was still unsure how this had occurred which raised the argument that the journey is continual and also unique for each participant. Annabel raised the notion it is possible for each individual to be at a different point in their journey and still move to a new viewpoint with personal opportunities and learning opportunities provided within a degree. Annabel theorised maybe it was multiple experiences in getting to know people from diverse backgrounds or even just those from a different background to herself that contributed to her development and growth.

Ivy’s knowledge provided her with a way she considered was appropriate to approach clients who may come from a different cultural background to herself:

Approach every type of people that might have cultural differences with that open-mind and that open heart. And that non-judgemental way of going in. Rather than saying this is the way it is, this is the way I see things, the way I see things. It’s more about being quiet, thinking and listening and just being within that moment. Without that judgemental attitude. (Ivy, third year participant, line 322)

It is clear that Ivy had a sense of herself and a sense of what she considered to be appropriate care. She described how she needed to be present with clients and not distracted by other aspects, including her own biases and
judgement. It was almost as if Ivy felt she needed to be able to be completely in the moment to connect with the world of the client and this involved the use of her personal attributes to stimulate critical thought and reflection. Ivy’s reflection on her personal learning through her nursing studies showed her sense of being in the world and how she saw reflection on self to be important in determining her growth in the area of Indigenous Australian cultural competence.

On the other hand, Rose, like Annabel, saw she had grown as a person through her experiences and learning in nursing but revealed a difference in that she was disappointed in the growth around her Indigenous Australian cultural competence. For Rose, she needed more exposure to a range of clients to enable her growth to impact her cultural competence journey. The excerpt below details Rose’s experiences:

*I don’t think I have broadened it too much, other than just maturity and learning more and general nursing, being out on prac and that sort of thing. I don’t think I have had too much exposure to different cultures, I guess. Exposure would help, I think. I would like more. This year I want to put myself out in the bush for prac. But in terms of subjects, I don’t feel that any of them really put too much emphasis on the cultural side of things. Other than the basics of respect everyone and that sort of thing.* (Rose, third year participant, line 86)

Rose recognised she had grown as a person and with that there was some impact on her learning. However, Rose raised the notion that the opportunity for growth needed to coincide with experiences with Indigenous
Australian people. Experiential learning was an important marker in Rose having the space to grow. This introduced the possible mismatch in curriculum goals and enacted learning opportunities and the impact this can have on growth in Indigenous Australian cultural competence. This can also lead us to question the ability to move to a new viewpoint without the opportunities for metacognitive thinking stimulating knowledge: in this instance, Rose’s experiential learning. Rose had insight into herself and was able to regulate her learning and identify the gaps. The gaps in learning were noticed by Rose and she established ways she felt could be beneficial to ensure her growth enabled her learning journey in Indigenous Australian cultural competence.

Rebecca, Annabel, Ivy and Rose revealed personal growth was important in their learning in Indigenous Australian cultural competence. The notion that this growth needed to coincide with learning experiences in Indigenous Australian cultural competence was raised in their experiences. Their reflections led to the understanding that multiple experiences in making a connection enabled growth and was meaningful in the journey of Indigenous Australian cultural competence, as it was at this point that a change in viewpoint was possible.

I am changing as a person

Interestingly, the concept of lifelong learning in the participants’ journey was introduced very early within the first and final year interviews. In Chapter 4, Joshua spoke very openly about how his search for truth
stimulated rich childhood memories that made him reconsider his worldviews. The learning in first year also played a significant role in Kara’s reflections of her childhood and provided an opportunity to re-engage with her discovery of self, through her Aboriginal identity. All participants described in some way, how they had changed. Through the excerpts of Stacey, Erin, Lucy, Rose, Annabel and Jack, the exploration of change will be revealed.

Stacey used her personal reflections on self to demonstrate how she had changed:

*I can be a bit loud and opinionated and just, to just being more informed means that you can be a bit more open-minded. Taking things in. And having a different view on something. Or having a view on something that you had no idea of before.* (Stacey, 1st participant, line 608)

As described in the excerpt above, Stacey was very mindful of her sense of being in the world and how this could be interpreted by others. She discussed how important it was for her to reflect and absorb new information combined with the recognition that confidence was also required to enact her new worldview. Lucy felt, as she matured as a person, her personal views evolved, progressing her learning journey in Indigenous Australian cultural competence and thus influencing her nursing practice in diverse communities.
Erin supported the notion that learning needed to be continuous. She recognised she had changed, but also recognised the journey needed to continue:

*I don’t think so. I think, you know it’s only first year you have still got so much more to learn so I think, I guess I am better than I was, but I’m not going to be culturally competent if ever. You are just going to be continuously learning.* (Erin, 1st year participant, line 399)

Erin raised the point that she may never be culturally competent, that the journey was a cycle of learning continuously and growing as a person. She accepted the change in viewpoint that had taken place for her and had a solid understanding that this will continually evolve as she engaged with different communities. Lucy was the driver of her journey and had a clear understanding she was responsible for future growth in Indigenous Australian cultural competence. Lucy’s experiences aligned with Erin:

*Your interaction as you grow and become an adult and your society around you and what exposure you have to different communities and different cultures and that all builds your kind of, not only as a person but your view.* (Lucy, 1st year participant, line 208)

Lucy was conscious that exposure and experience with multiple opportunities would continue her change and growth in Indigenous Australian cultural competence. In turn, this would continue to evolve a change in viewpoint. The notion of experiences affecting one’s viewpoint in
a detrimental way was not experienced by participants in this research project, although it is worth considering in future research (see limitations of the study, Chapter 9). What was really interesting in all participants was that the notion of learning and changing of self would never be complete. It was something that was now a major part of the participants. It was important to be able to grow and continue to learn, which added to their knowledge basis in Indigenous Australian cultural competence and influenced their viewpoints. In the final year, Rose shared her views on growth:

*I think it’s just a growing experience and you are always adding to it.* (Rose, 3rd year participant, line 542)

The way participants opened their world to new knowledge was unique. In Chapter 4. *Making Connections*, Ivy explored the impact of a textbook while Annabel felt that experience was an aspect that helped her change:

*I think my understanding I guess and experiences throughout the three years I have been able to draw on my early experiences and then being able to understand later on and building up on them.* (Annabel 3rd year participant, line 57)

It is really interesting that Annabel indicated for her, there needed to be multiple experiences. She needed to be in a position where she was exposed to different environments and that she was able to scaffold the learning.
Building on each experience was very important to Annabel and in turn, helped her develop her view of the world:

*But I think that has more to do with experiences I have been exposed to. In first year I wouldn’t have been exposed to similar things, and that my understanding has grown since first year.* (Annabel, 3rd year participant, line 97)

Multiple experiences, combined with Annabel maturing, had given her insight to see beyond her current views and thus provoked a change in her sense of being:

*I just know that my experiences and I guess my broadened view, that it is easier for me to understand and see things.* (Annabel, 3rd year participant, line 309)

Like Annabel, Jack noticed a change in himself during the final year of his studies. He reflected on how his view of the world was previously narrow and now he understood the need to be open to difference. Jack had changed:

*It’s sort of gone from being a very closed view of what someone [Indigenous Australian person] will likely or will value, to being a very open situation.* (Jack, 3rd year participant, line 561)

Jack’s stance has changed considerably. He now saw he could not determine the value a person placed on aspects in their life – this was up to them. As a registered nurse, it was up to him to be open enough (recognition of personal attributes) to sense or ask the appropriate question to enable care. Stacey, Erin, Lucy, Rose, Annabel and Jack described how, during the
course of their degree, they had changed as a person and engaged with a variety of educational tools that had assisted in this change process. Multiple experiences were very important for all participants. Their willingness for personal change contributed to their journey in Indigenous Australian cultural competence.

The language and the journey do not match

One overarching commonality within both the first and third year data was the language students used in their interviews. The descriptions students gave were vivid analogies of their journey in Indigenous Australian cultural competence and the various tools that enabled or blocked their learning and perceptions of Indigenous Australian people. For students within the first year, the journey was at a fast pace, it was focused, driven and required critical thinking skills in all aspects of the journey. In the third year the journey was much more considered, it was slower, and they shared the belief that multiple immersive experiences across the lifetime of the participants were at the core of change. One aspect that did not match the descriptions of the journey was the language used by participants. Language became the marker that more learning was needed. Students recognised the need for more learning (discussed later in this chapter) and the spiral of making a connection and searching for the truth needed to continue as it was evident the words were not moving as quickly as the change in viewpoint. This section will explore the language used by participants and how language determined the need for the learning journey in Indigenous Australian cultural competence to continue. Excerpts from Erin, Joshua,
Rebecca, Jack, Ivy and Annabel will reveal the paradox in the language journey of participants.

In Erin’s excerpt below, she revealed she needed to adapt her clinical practice to accommodate the intellect she perceived Indigenous Australian people had. Her language was confronting and indicated she felt she needed to simplify her practice when engaging with Indigenous Australian people. Clearly, Erin’s descriptions in this instance are deeply disturbing and perhaps even described by some as racist. This created such an interesting point in the analysis where students have, on the one hand, a commitment to their journey, a profound understanding of situations, yet, on the other hand, have moments of mismatch where the learning is deeply questioned:

*But then again you need to be specific for them because a lot of them have different educational backgrounds so they need things for them, simplified, the pamphlets that we had to do an assessment on.* (Erin, 1st year participant, line 69)

Erin openly believed her practice needed to be adapted. Earlier in this chapter Erin told us her viewpoint had changed. She gave examples of this change and its impact to the practice, yet her language did not match the journey she described. Joshua’s language was also interesting in the excerpt below where he discussed his beliefs on where Indigenous Australian people lived:
Joshua was linking his past understanding with his new knowledge. His belief was poor living conditions disabled cultural structures and linked this generalisation to all Indigenous Australian people. Joshua spoke openly (in Chapter 4) about his struggle with articulating the appropriate language, particularly in the online world. The excerpt above provided yet another example of a student who clearly had movement in their viewpoint yet the language journey did not match.

Rebecca extended Erin and Joshua’s struggle with language in her excerpt below, where she believed she was more able to accommodate the needs of Indigenous Australian clients because of the colour of her skin:

There were lots of good things about it [clinical placement]. I felt that I had a very good rapport with my patients. And I think it is because I am a person of colour. I come from the Islands and initially I, you know, I could go down to a level of accommodating because that’s just how we are and these are almost our people. (Rebecca, 1st year participant, line 70)

On face value this is very confronting. Rebecca sees her skin colour as the marker by which she is able to provide more effective care to Indigenous Australian people. Comparing Rebecca’s belief with Kara’s, who did not feel like she could identify as being Aboriginal given her fair skin, we see
complexities arise. Rebecca’s excerpt could be perceived as extremely offensive to some, particularly around her belief that one needed to get down to a particular level of care. However, now we have insight into the journey below the surface of participants, we know they had significant events that assisted their learning and changed their viewpoint, but not their language.

Participants did not have the tools yet to describe or notice their language or perhaps were so entrenched in the white paradigm of thinking that the language journey was seemingly unnoticed. The work of Sapir and Whorf (as cited in Blount, 1995) would suggest that language is the formation of social reality and relies heavily on experience (linguistic relativity to be further discussed in Chapter 8). Participants in this study (within Chapter 4) had noticed the lack of experience in language, particularly in the reluctance to engage with online learning spaces, due to the fear of using language inappropriately; this may have contributed to the gap in learning in this space. Participants were clearly on a journey of Indigenous Australian cultural competence, although were not at the point of being able to linguistically display this journey at all times during their reflections, thus leading us to the notion of the journey not reaching its end point. It also raises thoughts around the relationship between metacognitive skills, conceptual thought and practice.

In Jack’s excerpt below, we can see the distance Jack placed between himself and Indigenous Australian people:
All Indigenous people identify and that all of them have these cultural beliefs and all of them follow it. (Jack, third year participant, line 352)

Jack saw himself as very different to them. Jack saw himself as very different to Indigenous Australian people through the language he used. He had insight about Indigenous Australian people, had changed as a student through his learning journey and yet still, in his verbal articulation made himself separate through language. Ivy shared language that was similar to Jack’s:

*I would like it to be third year if there was a possibility, of learning more about them.* (Ivy, third year participant, line 17)

Ivy again, like Jack, was very interested in her journey and had profound moments where she recognised her journey was deeply personal and progressed as she matured as a person and a clinician. Her language did not match the journey. Her language is hidden beneath the other (Leder, 1990). The language demonstrated the discourse of the journey and led to the understanding that the journey was not yet over.

There was a very clear link that language was responsive to feelings of power or powerlessness. Some students in their discussion described a feeling of disempowerment in their role as students (discussed later in this chapter). They felt a sense of not being in control of the outcome of
situations. One example of this was when Annabel noticed the behaviour of medical staff in their treatment of Indigenous Australian clients in the Northern Territory and feeling that she was not in a position to make change (refer to Chapter 4). This silenced her in making changes where she felt change needed to occur:

_The doctor that asked me, to tell the patient to go back, should have told the patient himself because the patient was right next to me. So for me that was just I wouldn’t really be doing that. I guess in one way because it stuck in my head, it is a good example how not to do things._ (Annabel, 3rd year participant line 186)

The silence in this situation disabled her being able to articulate verbally, in a live moment, her thoughts and feelings. Annabel was unable to practise her language skills in her experiential learning. There is discussion that language practice is a required step in metacognition development in learning (Pellegrino, Chudowsky, & Glaser 2001; Perkins & Zimmerman, 1995; Bransford, Brown, & Cocking 2000) which further supported the belief by participants that the journey in Indigenous Australian cultural competence was continual. It was interesting that, even though Annabel felt powerless and chose not to act on making change during the moment, she still felt the situations contributed to her learning journey. This situation may explain why some students did not move in their language journey, they felt unable to test their language skills in the experiential experience due to the fear of retribution. Power and language (Foucault, 1980; Weedon, 1997) were closely linked and demonstrate the lifelong journey of Indigenous Australian cultural competence.
The language that participants used became the paradox in the journey of Indigenous Australian cultural competence. Excerpts from Erin, Joshua, Rebecca, Jack, Ivy and Annabel have revealed that the journey of the participants was not complete and they felt the need to continue their learning, development and growth in Indigenous Australian cultural competence.

I am still on the journey

Participants in both the first and final years all indicated that their journey in cultural competence was not complete. They believed that they would continue to cycle through phases and stages of growth and change for many years. This is a very different position than we currently have on Indigenous Australian cultural competence, where it is seen as being a linear process that has an end point (Ranzijn et al., 2008). The journeys of Joshua, Sophia, Annabel, Rose, Jack and Ivy were unique yet they all see themselves as at the very beginning of their professional Indigenous Australian cultural competence lifelong process of learning.

In the first year, participants identified learning areas they would like to pursue. At the end of the first year, Joshua decided his clinical interest was now Indigenous Australian health. He indicated he had gaps in his learning that needed further development:
[I hope] that maybe the people that I actually work with will be Indigenous, or they’ll be able to answer questions and you know, teach me some stuff that maybe I didn’t learn or fill in the gaps. (Joshua, 1st year participant, line 85)

Joshua had an understanding from the very early points in his degree that his journey was not yet complete. Sophia also noticed gaps within her learning and wanted to further pursue her clinical interests:

But if I had another chance to do another placement, a remote placement, I’d do remote Indigenous placement I think. (Sophia, 1st year participant, line 351)

Sophia leads us to think there is still learning she would like to address in the area of Indigenous Australian health that she would like to explore throughout her degree.

Perhaps the most interesting discussion around continued learning was from the final year participants who were weeks away from graduating from their Bachelor of Nursing degree. There was an overarching message from these participants that the journey in Indigenous Australian cultural competence was not yet over.

In her final year, Annabel believed that her journey at the end of her degree had definitely evolved. Her learning journey during her degree had positively added to learning in Indigenous Australian cultural competence.
Annabel attributed her personal and professional journey as both equal contributors to her journey in Indigenous Australian cultural competence:

> With the different experiences, that if I grow, both as a person and as a nurse, and have a better understanding of things. Probably understand a little bit more where other people are coming from. I guess it just happened bit by bit. I don’t know if I have had a moment where I knew that is sort of changing, I think it has probably just been happening. But I do know that it is easy for me because I have been able to connect, because it is not only cultural competency, but it’s everything that I have been able to connect. (Annabel, third year participant, line 217)

Annabel explained that her journey had been reliant on the connection between the multiple elements in her world, resulting in a change of viewpoint. Annabel’s journey was not a single moment of enlightenment but instead, a process evolving throughout her degree. She described a link in her professional maturity as a future registered nurse and the connections made available (through her personal attributes) that made the connections meaningful. For Annabel, this was the opportunity to understand others and through this new understanding, change occurred. In the excerpt below, Ivy revealed that she too still had aspects to learn and the journey was not complete:

> I can’t explain it. It’s like you are never going to [end the journey] unless you are Indigenous and grown up in the culture, I think you are never going to get it as a non-Indigenous person. But what you can do is find out what their [Indigenous Australian peoples] needs are from them without having to say anything. Like an open-mind. You need a really open-mind and heart too and be really quiet to
Ivy felt her journey would not end. She would consistently be learning, searching and connecting through the use of her personal attributes (refer to Chapter 6) that gave her insight into herself and would assist her further development and growth. Ivy implied that her learning journey in Indigenous Australian cultural competence would constantly evolve in the excerpt below:

*Being culturally competent is to approach every type of people that might have cultural differences with that open-mind and that open heart. And that non-judgemental way of going in. Rather than saying this is the way it is, this is the way I see things, the way I see things.* (Ivy, 3rd year participant, line 322)

For Ivy, being culturally competent meant changing with every situation she was presented with. Ivy’s world was no longer black and white and now adapted to change with each client. It was a spiral of change and learning that relied heavily on her personal attributes (as discussed in Chapter 6). Ivy was the driver of her journey and had insight into how she needed to be in the world for her journey in Indigenous Australian cultural competence to continue. Jack’s view aligned with Ivy’s and he felt he was at the start of his journey:

*I think I am still near the beginning of the Cultural Competence journey.* (Jack, third year participant, line 619)
From the excerpt below, Jack realised he was not alone and did not have to navigate care independently on his journey of Indigenous Australian cultural competence:

*I’d say in first year what we sort of learnt with NRS194 was we should, it felt like we should be learning, not everything, but being able to recognise everything and being able to overcome everything. And to basically provide all the care ourselves. Now obviously especially where there is a language barrier we can’t. You just can’t. I can’t learn another language for some patients. So first year it felt more like we were meant to learn everything. To do everything. Whereas now it’s more about being able to recognise a situation, and using all the other health professionals that you have there to support you for that situation.* (Jack, third year participant, line 268)

Jack’s learning had evolved across the course of his degree. Initially, he seemed overwhelmed with the role and responsibilities of a registered nurse, in his first year of study, with this view changing in his final year of study. Jack seemed relieved that he was not alone. There were other health professionals who could support his journey and assist him in providing the best possible care. Jack no longer had to singularly solve the world’s problems and could rely on the skills and attributes of others within the healthcare team. This seemed to assist Jack’s learning journey and also provided an example as to how his views had changed across the three year degree.

Rose was starting to take a holistic view of the journey of Indigenous Australian cultural competence. Rose was seeing that we are on a national
journey in Australia, something that is bigger than her curriculum or nursing practice. She explained this through her comparison of New Zealand Maori culture and how she felt the wider Australian journey of reconciliation aligns with her reflections:

*I think we are behind [Australia]. I lived in New Zealand for 10 months and their Maori culture is like what you could say our Indigenous culture is here. Their national anthem starts in Maori language, like their flag has still got the Union Jack on it and that sort of jazz, but in their society there is Wai Ki Ki Day or whatever it is called. For the Maori Day. They don’t have like Australia Day. Where does that put the Aboriginals into it? They have so much Maori food on offer, you know just normal to have Maori food and then bangers and mash. And their culture is just so much more prominent. Everyday life. And there are other unfortunate ones who are at the bottom of the ladder, in poverty I guess, but there it seems to be a lot more up there with many day jobs but then there seems to be another lot in upper management level, you know, doing a lot more and it seems to be a lot more embraced; not so much stigma attached to them [Maori peoples]... But then come back to Australia and it did take me back. Our national anthem, it doesn’t include them [Indigenous Australian people] at all. Our flag, nothing. There is still so much stigma attached to their [Indigenous Australian peoples] culture. You know some people say, “Oh, you want to be a bush nurse, why would you want to go and help them?” Like this is 2013 you know, maybe that is being a bit blasé you know. Wanting everything to be happy, I think Australia has got a lot more to go with, like we should have gone with it from the first day. Embraced their [Indigenous Australian peoples] ways in you know the whole country would have been completely different. (Rose, third year participant, line 316)

Rose’s reflections saw her questioning ways of being in Australia. She had changed her viewpoint and was looking at the world through another lens.

Rose now saw how things could be different in Australia and recognised the
lack of respect and appreciation of Aboriginal and Torres Strait Islander culture. Rose saw the continued learning that was required by herself and Australia as a community:

*I think we have still got a lot more to learn. And not just embracing them [Indigenous Australian peoples], but embracing all the other cultures that we have as well. It is really important as well. All the Islander cultures, in Australia now, and every other culture I think. We are all living in Australia so it is better to embrace them and put them all together and make it work. Instead of this stigma and I don’t know, the meanness. You know that happens. I don’t know how. I don’t have that power yet. But I don’t know, I think the Prime Minister or whoever can. It’s going to take a lot of time, I think. But down at my little level, it’s just listen to everyone. Listen to their stories and move on because I can’t change the past. But I can help the future. A bit, I guess. I hope.*  (Rose, third year participant, line 333)

Rose discussed the future of Australia and the impact she could have as an individual. She saw herself as waiting, like Jack and Annabel (refer to Chapter 6). She acknowledged she was not in a position of power and not yet confident enough in her skills and behaviours to make meaningful change, thus her learning journey continued. She saw that through her future actions, attitudes and behaviours she could make a meaningful difference in the wider community of Australia through her interactions with clients, as a registered nurse. For Rose, experience was important in her journey. Rose’s sense of world has developed through her immersive experience in a culture outside of Australia and this has promoted her reflections on the impact actions have on other people and led to a change in viewpoint.
Rose indicated how she was still on a pathway of learning:

_I think now I just want to know more and more and more. About everything. But in terms of culture I think I have got even more confidence now. I guess. I think I am more confident. I think now I am a bit more confident I guess as a whole of a nurse. A bit more confidence behind me, though like when you go in and talk to someone whether they are black or white or green or whatever they might be, I can just have a chat and do what you need to do and if they want to have a chat a bit more then you just go along with it. I think it’s just a growing experience and you are always adding to it and opening your mind up to more things that you might have never thought of or been exposed to culturally and in all other areas as well._ (Rose, third year participant, line 536)

Rose linked her journey in Indigenous Australian cultural competence as parallel to her personal journey as a registered nurse. These two pathways were in synchronicity and Rose can see how they complemented each other. Rose’s journey in Indigenous Australian cultural competence had added to her confidence in practice (_Making connections_) and experiencing (_Seeking the Truth and the Core of Truth Seeking_). It was the connection with people who had provided her with the confidence in her clinical practice and enabled her to make a difference through her change in views.

Rose and Jack believed they could make a difference in their practice as registered nurses. They indicated that they are in a period of ‘waiting’, most likely the outcome from their clinical experiences. They ascertained that they would make a difference with their changed viewpoints, when they have finished their degree. Annabel and Ivy were the drivers of their journey
and for them, like Rose and Jack, the journey was a lifelong process that required growth, change and multiple experiences.

Participants were moving to a new viewpoint across the three year degree. The viewpoint required them to be the owners of their own learning, to be able to recognise the gaps and find the tools to move and grow. The change in viewpoint was not always supported by resources within the curriculum but instead, evolved as students moved to a new space in their maturity as a registered nurse. The change in viewpoint was reliant on the tools of connection and the attributes associated with the process of truth seeking. When all three elements combine and work in synergy, we see an optimal environment for Bachelor of Nursing students to grow, change and develop their journey in Indigenous Australian cultural competence.
Chapter 8. ‘Connecting the dots’

Introduction

This research has identified a model of the experience of Indigenous Australian cultural competence for nursing students. The model, which will be introduced and explained in this chapter, is unique in that it depicts a journey which is not linear or sequential. This differs from previous research on Indigenous Australian cultural competence (e.g. Ranzjin, McConnochie, & Nolan, 2013). As will be discussed in this chapter, the model highlights the importance participants placed on making a connection and on searching for their truth, using certain attributes stimulating a change in world viewpoint. This research has identified that the participants’ journey of Indigenous Australian cultural competence in nursing (depicted in Figure 8.1) was strongly influenced by the curriculum, by student experiences and was a unique and deeply personal journey (depicted in Figure 8.2). This research identified the curriculum, learning experiences and the participants’ personal journey at the time of the research as being key contextual influences. That is, it reveals the importance of not only the Bachelor of Nursing curriculum, but also the learning that took place away from the classroom. These three elements will be expanded upon in this chapter to reveal the unique elements participants have raised that will inform practice in the area of Indigenous Australian cultural competence in nursing.
This chapter is divided into two sections. Section one provides a discussion on the major findings in this research project, *Making Connections, Seeking the Truth, The Core of Truth Seeking* and *My World Viewpoint is Changing* and links the major findings to the questions this research addressed. The major findings are graphically displayed as Figure 8.1, providing further clarity to student experiences in Indigenous Australian cultural competence. In Section two, this chapter proceeds to reveal the significance of this research in relation to three important elements (Figure 8.2): *The Influences of the Curriculum, the Influences of the Student Experiences and the Unique Personal Journey*.

**Summary of the Major Findings**

Exploring undergraduate nursing students’ experiences studying Indigenous Australian cultural competence revealed major findings. In this section, these findings will be summarised as they relate to the research questions. This section will provide a foundation for the critique that follows (page 260).

- **Research question 1:** What are the lived experiences and perceptions of student nurses studying a subject designed to address Indigenous Australian cultural competence?

The lived experiences and perceptions of student nurses studying a subject in their first year, designed to address Indigenous Australian cultural
competence, was similar for those students completing their final year. There were commonalities and key differences. As revealed in the four findings chapters, participants in this research had a range of unique and valuable experiences that contributed to their journey in Indigenous Australian cultural competence. All participants, regardless of previous life experiences, transitioned through a journey of searching for their truth. Both diversity in students and personal backgrounds influenced learning experiences.

All participants in this research were committed to new discovery and used both personal and professional experiences as a learning trajectory for new knowledge. This was particularly important within the first year experiences if we reflect on Joshua and Kara’s experiences.

Participants’ search for truth (influenced by experiences and perceptions) was reliant on the attributes of participants. Attributes revealed themselves as motivators such as persistence and awareness. Attributes that assisted the participants’ ability to connect discipline knowledge and learning were revealed as being respect, empathy and openness. The experiences of Kara, Mary, Lucy, Erin, Rebecca, Stacey, Ivy, Rose, Annabel and Jack were used to explore these central elements.

Students found a range of activities to be useful in their search for the truth with experiencing for themselves being a key factor that highlighted new knowledge. Students wanted to experience for themselves and learn. This
was so powerful to them that they noticed when this was not available within the nursing curriculum and clinical experiences and actively sought alternative ways to connect.

It was recognised by participants that often, prior knowledge of Indigenous Australian people and culture was reliant on second hand learning from their personal and cultural life. Prior knowledge was influenced by family values such as Mary’s discussion about her family, the Australian media (as discussed by Joshua), or personal experiences. It was relevant and indeed important for students to recognise this prior knowledge before they could accept new knowledge on their learning journey. From the reflection of prior knowledge, students were in a space for new knowledge to be at the forefront.

Critical thinking was an important tool for participants in navigating their truth. For the participants in this study, the nursing curriculum was not the only source of knowledge that provoked new experiences and created a space for new knowledge. Enabling curriculum to have spaces where learners can reflect on both personal and professional self and how this influences one’s journey of Indigenous Australian health culture and people is an important recommendation arising from the experiences of participants in this study (discussed further in Chapter 9).

Experiences were deeply personal and unique to many of the participants. Learning spaces in the first year subject (NRS194) were questioned by
participants. If we reflect on Mary, it was evident she had strong emotive responses to learning and reluctance in sharing this emotion in the online space, while Joshua was concerned with the online space of the first year subject’s delivery and questioned his safety. The need for curricula to establish ways to communicate with students in a sensitive and safe manner and still maintain an online presence is relevant (further discussed later in this chapter) to the findings of this research.

When opportunities were not available within the curriculum, participants actively sought other ways to continue their journey in searching for the truth. The search for the truth was reliant on the participants’ ability to make a connection. It was through the connection that experiences became transformational for participants’ worldviews and personal identity as a nurse.

- **Research question 2:** What are the lived experiences of the journey of Indigenous Australian cultural competence for nursing students across the duration of their course?

Perceptions of the participants changed across the duration of their course. Lived experiences, influenced by learning, changed the participants; they were enabled through learning experiences that were reliant on being able to explore their sense of truth. Truth became a process where students moved from the exploration of previous knowledge through to a position of being able to establish new knowledge. The process of truth seeking was reliant on
the ability of participants to make a connection with the nursing content within a curriculum, their peers, and their culture and Indigenous Australian people (as discussed in Chapter 4). Even in periods of perceived disconnect, the perception of Indigenous Australian people changed. Students’ perceptions altered and triggered a change in their worldviews.

Establishing connection was imperative to the search for the truth. Participants actively sought ways to connect with learning opportunities within the curriculum, with their peers, with their own culture and with Indigenous Australian people. When opportunities were not available in the curriculum, they actively sought other methods that enabled their learning journey to continue, for example, Kara’s connection with her father. The connection was deeply personal and aided the search for the truth. Experiences were important to participants and provided unique opportunities to connect. Participants revealed that curricula require multiple opportunities for learners to connect in a meaningful way to contribute to their learning. When a landscape of seeking the truth and meaningful connections was established, participants changed, their worldviews changed and they matured as both a person (individual) and a professional nurse in training.

- Research question 3: What influences the lived experiences of Indigenous Australian cultural competence for nursing students?
Seeking the truth and making a connection were key influences in the participants’ deeply personal and unique journey. Students moved through a process of seeking their truth and making a connection that, in turn, led to a change in their personal viewpoint towards Indigenous Australian people, at that point in time. The change in world viewpoint influenced the participants’ approach to nursing practice as well as their personal sense of being in the world and was often described in reflections around experiential experiences. Learning was uncomfortable at times for participants, as Jack openly described experiences where he was uncomfortable in situations while on clinical placement. However, this discomfort was useful when maintained. The discomfort became an opportunity to critically reflect and during this time, participants revealed learning and change in their personal viewpoints.

One aspect of growth that was not evident in participants, and this was also recognised in the participants’ reluctance to engage with online spaces, was language skills. As described in one of the findings chapters (Chapter 7), language becomes the social reality and further tools are required in curricula that provide an opportunity for learners to practise these skills. The stagnancy in language also supported the participants’ thoughts that their journey in Indigenous Australian cultural competence was a journey that would continue across their professional life. In Figure 8.1 participant experiences are summarised.
Unlike current models of learning Indigenous Australian cultural competence within Australia such as the model produced by Ranzijn et al. (2013), this research found that the journey is not linear. As well, this research has revealed the importance participants placed on making a connection and on searching for their truth using certain attributes stimulating a change in world viewpoint.
In Figure 8.1, the infinity symbol (in the colour yellow) is important. It demonstrates the continual cycle that participants revealed as being useful to their journey and shows the interrelationship between four of the key themes: *Making a Connection, Seeking the Truth, The Core of the Truth*, represented as The Attributes and *My World Viewpoint* is changing represented as Worldview. When participants were able to connect, they were then able to continue their search. The search was not possible without the connection and vice versa. The attributes propelled the search for the truth and assisted the momentum of the search. Participants moved repeatedly through each of the two major circles reflecting upon their worldview (representing three of the key themes: *Making a Connection, Seeking the Truth, The Core of the Truth*, represented as *The Attributes*) until the connection and search brought them to a new point in their understanding. The spiral (in the colour blue) represents the ever-changing viewpoint of the participants arising through the connections they made in their search for the truth.

Each panel in Figure 8.1 represents one of the four major themes, Figure 8.1 details the important experiences participants shared in their participation in this research.

**The significance of undergraduate nursing students’ experiences in Indigenous Australian cultural competence**

As previously discussed, this research has revealed that, unlike other models of Indigenous Australian cultural competence, the journey of student learning is not linear. In contrast, it relies on making a connection and
seeking the truth. This involves a range of personal and unique attributes that lead to a change in world viewpoint. When considering this with other literature, three key elements within undergraduate nursing students’ experiences were revealed. These are important elements in the learning and development of Indigenous Australian cultural competence in nursing: \textit{Influences of the curriculum, Influence of student experience and Unique personal journey}. These three points and the relationship they have with the findings of the research are displayed in \textbf{Figure 8.2}. This section will discuss \textbf{Figure 8.2} and critique the findings in relation to current literature.

\textbf{Model of learning Indigenous Australian cultural competence in nursing}

![Figure 8.2 A model of learning Indigenous Australian Cultural competence](image-url)
Figure 8.2 captures both the voice of the participants and the importance of three key elements in learning Indigenous Australian cultural competence. The three elements: *Influences of the Curriculum; Influences of Student Experience* and *Unique Personal Journey* are represented by panels within a circle. This demonstrates the interrelationship that each panel has in capturing the whole student experience when learning Indigenous Australian cultural competence. As the findings revealed, the absence of any aspects can influence the learning journey of students. The experiences of students are captured by the infinity symbol and lie within the model of learning, representing how the findings have contributed to Figure 8.2.

As stated, the model of learning Indigenous Australian cultural competence in nursing (Figure 8.2) involves three key elements. The first, *Influence of the Curriculum* is critical in particular to provide opportunities for the participants to make a connection. For this research, this was the specific Bachelor of Nursing course enabling opportunities to make a connection. In Figure 8.2 the helix representing *Making a connection* lies within the *Influence of the Curriculum* panel. However, the connection that the helix shows with other important elements of the model, capturing the interrelationship of each important aspect, should be noted.

The second important element is the *Influence of Student Experience*. This represents the profound impact that learning experiences had on students seeking the truth, for example, the impact the online space had for Joshua’s
learning. This section represents the experiences that contributed to learning in the area of Indigenous Australian cultural competence.

The final element in Figure 8.2 is the *Unique Personal Journey*. This section represents the unique learning journey that was deeply personal for participants, for example, Kara’s experiences and learning that involved her father and her identity as an Aboriginal and Torres Strait Islander person. The *Unique Personal Journey* was influenced by the attributes of participants, including their motivation or perseverance for learning Indigenous Australian cultural competence in nursing.

The spiral representing the worldview (see Chapter 7) of participants is not uniform. This shows that the development and change in worldview is not a linear journey. Participants in the first year of study described their rapid quest in searching for their truth. The connection and search triggered a light bulb moment where their world viewpoint had changed, for example, Mary’s discussion around her profound change as a person. However, the final year participants’ journey was more considered with the recognition the journey would never end. This worldview is important and supports the model of non-linear learning in Indigenous Australian cultural competence. The spiral projects through all three panels of Figure 8.2, illustrating the interconnection of the journey.

The development of Figure 8.2 was challenging. In many ways the development of the model reflects the development of Indigenous
Australian cultural competence in that it aimed to represent the truth and thus provoked a search; was uncomfortable when iterations of the model did not represent the analysis; required the language of the participants to be at the forefront; and needed to represent a continuous journey. The depiction in Figure 8.2 required many drafts and the final iteration represents the participants’ journey.

Section summary

The experiences of undergraduate students have provided insight into three key aspects that are important when considering student learning in the area of Indigenous Australian cultural competence. The Context, the Learning Experiences and the Personal Journey will be expanded upon in this chapter to reveal the unique elements participants have raised that will inform practice in the area of Indigenous Australian cultural competence in nursing curricula, bringing to light the model of Indigenous Australian cultural competence as seen in Figure 8.2. The elements in Figure 8.2 will now be described in detail, linking to appropriate literature to reveal the significance of the findings.

Influences of the Curriculum

This section will explore the influence of the curriculum on learning in the area of Indigenous Australian cultural competence in nursing. The influence the curriculum made was particularly important for three overarching reasons. First, given the non-linear journey of learning, the curriculum
needed to be responsive to this varied landscape in which learners engaged and moved, in their journey. Second, participants’ learning moved beyond the curriculum during their formal studies with learning being unique and personal, and dependent on a range of attributes to move their linking to a new world viewpoint, through their search. A curriculum that is responsive to capturing the personal journey is important in Indigenous Australian cultural competence. Third, connection was imperative in the personal search of the participant. This requires a curriculum to be responsive to a range of ways that learners can connect in a personal and deep way. These three components within the curriculum influence the journey of Indigenous Australian cultural competence in nursing. The curriculum had the potential to influence the ability of the learner to connect, which is the very essence of the learning experience. The curriculum was central and influenced the participants’ capacity to make a connection, search for the truth and create a shift in their change of viewpoint.

We can further interpret the influences of the curriculum to the participants’ experiences in Indigenous Australian cultural competence. Three contextual elements were highlighted when considering the Influences of the Curriculum: Authentic curriculum design, Enabling learning in the area of Indigenous Australian cultural competence and Mindfulness of the hidden curriculum. This section will draw upon literature to discuss these three key areas in the proceeding section.
Authentic Curriculum Design

It was evident in this research that the curriculum design influenced participant experiences. Curriculum was defined by the participants as encompassing not only the subject-based learning but the teaching staff who were a part of the learning experiences. As discussed by Noble and Susan (2008), the preparation of nursing students for the 21st century workforce requires a curriculum to be at its most efficient and effective. Interestingly, in a Canadian study it was revealed that nursing student’s perceptions of culture were very different to non-nursing students revealing important findings and suggestions on the impetus that curriculum design and pedagogy are in nursing practise (Gregory, Harrowing, Lee, Doolittle & O’Sullivan, 2010). Effective curriculum design in the Australian context is seen to be a curriculum that is responsive to professional standards of practice, addresses the national health priorities and prepares graduates for complex healthcare systems that cater for complex clients’ conditions (Parker, Gillham, Tucker, & Kargillis, 2014; Benner, Stephen, Leonard, & Day, 2012). With current health trends identifying Indigenous Australian people as having significantly worse healthcare outcomes (AIHW, 2011), a curriculum inclusive of Indigenous Australian cultural competence content can be seen as appropriate. Participants in this study identified specific tools within a curriculum that were useful to the journey of Indigenous Australian cultural competence (further later in this chapter). However, although curriculum-bound learning was important, as will be discussed later, it must be noted that this research revealed learning achieved by participants moved well beyond the curriculum.
Participants raised the notion that including content within a curriculum was not enough. Enacting the curriculum needs authenticity and integrity in its delivery. That is, learning needs to be meaningful and real to learners. The espoused versus the enacted curriculum has been widely explored in education (Candy, Crebert, & O’Leary, 1994; Hafferty & O’Donnell, 2015) and, despite the most meaningful attempts of educators, curriculum drift is real and common. The concept of curriculum drift where there is a widened gap between curriculum design and the enacted material taught (Chan & Luk, 2013; van de Mortel & Bird, 2010), is an interesting conversation particularly when we reflect on Jack’s discussion (as discussed in Chapter 4) where he questioned the integrity of the School of Nursing, Midwifery and Indigenous Health in the application of Indigenous Australian health into the curricula. Jack noticed the lack of authenticity and this impacted his learning. This aligns with contemporary Indigenous Australian scholars viewpoint that graduate attributes in Indigenous Australian cultural competence need to be everyone’s business within a university (Virdun, Gray, Sherwood, Power, Phillips, Parker & Jackson, 2013).

In this research, participants raised concerns about the lack of meaningful connections between the School of Nursing, Midwifery and Indigenous Health and the curriculum. Learners questioning authenticity of nursing curriculum philosophies had an impact upon student learning in Indigenous Australian cultural competence and their ability to engage and connect with the learning environment. This raises questions regarding the validity of a single subject approach to embedding Indigenous Australian cultural
competence (as was seen in a course of study with limited content, in other subjects). In nursing, where the curriculum is approved by an accrediting body, it has been theorised as being useful to ensure there is alignment between what is espoused, what is enacted and the experiences students have, upon review (Bath, Smith, Stein, & Swann, 2004; Woods, 2015). Doing this requires regular exploration and review of philosophical components of a curriculum by members of faculty to identify curriculum drift, and then an extensive review from learners (Woods, 2015). Critique of the curriculum beyond formal accreditation processes is vital.

It is important that teaching staff within a school engage with the philosophical stance of the curriculum to ensure that it is enacted. However, it has been accepted that staff workloads, budget constraints and experience of teaching staff are possible inhibitors to this being achieved (Woods, 2015) and may impact upon participants’ learning experiences. This research found that learning was influenced by participants’ interpretation of teaching staff behaviours, attitudes and commitment to Indigenous Australian cultural competence and were important in the delivery of Indigenous Australian cultural competence (see Chapter 4). If we consider the impact that behaviours from staff within the School of Nursing, Midwifery and Indigenous Health had on Jack’s journey, we can reflect on the profound impact teaching staff can have on learning.

The tools that ensure the curriculum is meeting its learning objectives and the needs of the profession were of importance to participants in this study.
and useful to identify for nursing educators. One tool identified as experiential learning experiences (clinical placement) that prompted a connection, assisted the search for the truth and led to a transformative experience. As can be seen from the multiple examples of Mary, Rebecca, Annabel, and Jack (Chapter 4), clinical placement was an important component in the participants making a connection, learning in the area of Indigenous Australian cultural competence.

Enabling learning in the area of Indigenous Australian cultural competence

Of importance to participants was a curriculum that enabled the opportunity to connect. As Chapter 4 revealed, connection had the ability to transform the perceptions and worldview of participants. Transformative experience can be described as the experience of a moment in time when we have a new emotional response to a situation (Mezirow, 1997). As detailed in the findings (particularly Chapter 4 and Chapter 5), it can be thought of as a light bulb moment (as experienced by first year participants) or using the more formal definition, having an emotive response in experiential learning (revealed by the connections described by all participants), leading to opportunities of critical thought (Mezirow, 1997). One key finding in this research was the concept of making a connection. Participants wanted to connect and get to know Indigenous Australian people. When they did, they experienced connectedness, a deep, unique and personal connection which is significant in both nursing curriculum design and how we teach as educators.
Participants connected in a number of ways (as discussed in Chapter 4). However, one aspect that was significant was the transformative experience. This was the light bulb moment for the first year participants, such as Mary’s profound moment in her first year and the slower steadied journey for the third year participants, such as Jack’s recognition that his journey would never end. It was the moment when participants described themselves as changing which ultimately led to a new viewpoint. The impact of this experience on personal learners will be explored with the focus of this section being on transformative experiences and their impact on learning Indigenous Australian cultural competence (further discussed later in this chapter).

For participants in this study, transformative experiences were deeply personal and reliant on factors both outside and within the curriculum. The learning from a transformative experience moved beyond the classroom and reached the personal lives of an individual, inclusive of family in Kara’s journey, culture in Ivy’s journey and clinical and personal experiences and will be discussed later in this chapter. This is an important, raising attention to personal learning within curriculum design, also highlighting the interrelationship of the three overarching key components in Figure 8.2. This is an important point in contextualising the plethora of research around transformative experiences (Hanson, 2011; Pugh & Bergin, 2005; Mezirow, 2000).
Transformative learning has been described as the process where learners are seeking their personal and professional purpose in life (Hanson, 2011). It has been theorised to require intuition, emotion and metacognitive skills by the learner (Hanson, 2011). Historically, transformative experiences are seen to be beneficial in overcoming misconceptions and investigating conceptual ideals (Pugh & Bergin, 2005) which create a point of difference for this research. Not all participants indicated in their interviews that they had misconceptions about Indigenous Australian people. Jack is possibly the best exemplar in that he disclosed he did not have a lot of experience in friendships with Indigenous Australian people and openly indicated that he did not feel that he had biases yet still indicated he changed in some way through a transformative experience. Transformative learning (Strike & Posner, 1992) in Indigenous Australian cultural competence requires learners to be engaged and willing to involve the content into their everyday experiences (Commonwealth of Australia, 2016). The participants in this research were actively engaged in their learning.

The model of learning in Indigenous Australian cultural competence (Figure 8.2) shows links with some aspects of Mezirow’s (2000) work. Mezirow indicated that when the landscape is created in learning situations primarily through curriculum design, transformative experiences have the potential for learners to use their attitudes, beliefs and emotional reactions. Through critical reflection, learners then move to a discovery about their assumptions that often results in a change in viewpoint. In Mezirow’s theory, there are three core elements to transformative learning within a classroom that are enabled through curriculum design. These include life experiences, critical
reflection on (personal) assumptions and the opportunity to create depth and meaning to their moving worldviews through discourse (Mezirow, 2000). These elements all essentially rely on opportunities to communicate or make a connection in their learning.

Findings in this research challenged Mezirow’s theory, bringing to light the process of transformative learning in the specific area of Indigenous Australian cultural competence. The connections and search for the truth in this study were interrelated and stimulated the change in individual participant’s worldviews. In traditional methods of transformative learning, the onus lies solely on the educator to create junctions of effective discourse to critical reflection on personal assumptions that then trigger movement in worldviews (Mezirow, 2000). In this research, there were opportunities within the curriculum that enabled growth, such as textbooks, clinical placements and the multimedia resource Cassie's story: Dyan Nyal. However, what the findings of this research indicate is the role of the curriculum in Indigenous Australian cultural competence moves to providing opportunities that capture both formal (such as Mary’s use of the textbook) and informal learning (such as Kara’s journey with her father) rather than a teacher focus. It was clear in this research that learners were the drivers of their journey.

As described in Chapter 6. The Core of Truth Seeking and Chapter 7. Moving to a different viewpoint participants took ownership of their learning and used specific attributes to assist their journey. The discourse
within the classroom was not safe for participants and thus the language used was stagnant, propelling learners to source discourse in other areas of their life (discussed further in proceeding sections).

In this research, the classroom was not homogenous and has evolved significantly from Mezirow’s initial discussion of transformative learning (1997). What is interesting is that the value of discourse in their change in viewpoints was not highlighted or deemed to be significant, particularly in their discussion around curriculum experiences. The classroom in this curriculum moved beyond traditional settings and involved the online spaces of the subject NRS194, clinical placement and the personal learning that took place outside of the formal education setting. Life experiences were very important and were brought to light through the participants seeking a connection beyond the context of the curriculum when opportunities did not present and also, when they compared their previous truth. An example would be Sophia’s husband’s experiences of working in the Northern Territory to Sophia’s new truth, when she described her experiences in developing a relationship with an Aboriginal woman on clinical placement. The use of critical reflection by participants was a key element in their search for the truth. Participants used their personal experiences in unique ways in both the search for the truth and the connections they made. In turn, this changes the way in which participants used transformative experiences and the values that were placed on curriculum in enabling opportunities for transformative learning experiences.
Posner et al. (1982) argue that certain conditions need to be met to engage students in a transformative experience. Conceptual thinking needs to be deemed ‘fruitful’ by the students and is significant in this research. Participants in this study all valued the journey in Indigenous Australian cultural competence and the search for the truth, but then noticed when opportunities were not available in the curriculum. One example being Jack’s discussions around lost opportunities in first year and needing to make Indigenous Australian cultural competence a high priority in his learning in his final year of study. The deficit in the curriculum did not negate the journey instead, it stimulated the search for other opportunities that aided their learning in Indigenous Australian cultural competence.

Little is known from nursing education research about the ways to engage learners in a transformative experience in the area of Indigenous Australian cultural competence. The Australian Aboriginal and Torres Strait Islander health curriculum framework (Commonwealth of Australia, 2016) raises the importance of transformational experiences in wider health fields yet little research exists in nursing literature. However, it has been discussed that transformative learning can unveil oppression and create a place where people are viewed as subjects rather than objects (Friere, 1970; Brookefield, 2012) and therefore, relevant to nursing practice. In this research, participants highlighted the importance of the opportunities to promote a transformative experience. Making a connection was a vital part in the transformative experience. This involved learners finding a connection with tools in the Bachelor of Nursing course. Such as the multimedia resource *Cassie’s story: Dyan Nyal*, connecting with peers with whom they had a
shared understanding (a possible disconnect for Rose and Jack who were frustrated by the lack of connection they had with their peers), connecting with clinical experiences in experiential learning (Mary and Ivy’s clinical experiences), connecting with their own culture (Kara’s journey) and making a connection with Indigenous Australian people (a multitude of important experiences, as seen in Chapter 4). These were all varied and unique personal experiences and are useful to curriculum designers. The curriculum influenced the participants’ experiences and tools to enable transformative experiences, embedded within the curriculum, to be useful to the journey of Indigenous Australian cultural competence. Unique opportunities that can influence the journey of Indigenous Australian cultural competence are required across a three year degree. The process of seeking the truth becomes the driving force behind the connection. Participants’ learning moved beyond the classroom and the curriculum and thus created a link between personal learning and curriculum-bound content. Experiences in the participants’ wider world were as significant as curriculum design. The moments in learning that led to a space where learning moved beyond current worldviews to a place where there was an opportunity for change, growth and development, essentially became the steps to the transformative experience in the context of Indigenous Australian cultural competence (discussed further later in this chapter).

The search for the truth enabled the connection and consequently stimulated the transformative experience. The search for the truth involved a complex journey where learners actively sought their previous experiences and attitudes towards Indigenous Australian people, then engaged with learning
opportunities that they were presented with. The new knowledge (heavily reliant on connections that participants made) is tested against the previous knowledge and then the tool of critical reflection is used. At this point, participants made the decision to pursue their new knowledge rather than maintain previously held beliefs. Participants described in this research the decision to move towards new knowledge and a new worldview. The transformative experience was imperative in this process. However, the landscape of discovery behind the transformative experience and the journey in the search for the truth, have not been documented in research in Indigenous Australian cultural competence. The complexities in the landscape for participants in this study were evident in the findings. The landscape provided in the curriculum was not always safe for students (discussed later on page 281) and often, participants relied on the personal learning which, in turn, became the hidden learning beyond the curriculum (see page 279). However, this did not deter their learning which further adds to the validity of the attributes that the participants identified (discussed later in this chapter). The context of transformative experience in curriculum is important and needs to be consciously embedded within a course.

As Taylor (2008) argues, the frame of reference in the transformative experience is important. The frame of reference involves individual’s assumptions, beliefs and expectations that form their current worldviews and it is important to acknowledge when providing opportunities that have the potential, when critical reflection skills are in use, to move an individual to another point of view. This suggests that all transformative learning needs to be unique and allow creative opportunity for each individual to move.
The participants in this study used a range of ways to challenge their viewpoints thus highlighting the importance of learning moving beyond the classroom and the curriculum (further discussed on page 279). This raises consideration of the importance of the wider university space in supporting opportunities to enable transformative learning in the area of Indigenous Australian cultural competence. This research has revealed how participants have enabled transformation. The transformative experience for participants in this research project became one way in which they connected being of importance to curriculum designers in nursing.

Mindfulness of the hidden curriculum

In this research, participants discussed learning that extended beyond the curriculum and this is important in enabling opportunities for the hidden curriculum to be recognised within formal curriculum contexts. The hidden curriculum for participants became the comparison of previous learning and new knowledge, such as Mary comparing her husband and friend’s views to her new found truth. For others, it was the exploration of their relationship with their own culture that stimulated new learning, such as Rose and Kara, and thus triggered the journey of Indigenous Australian cultural competence. In Kara’s journey, her search for the truth progressed through her relationship with her father and his identity as an Aboriginal man. Joshua also found it pertinent to explore his prior beliefs and relationships with Indigenous Australian people and his sexuality in his journey (see Chapter 4). This learning became the hidden curriculum that was important
to participants in this research learning and development in Indigenous Australian cultural competence.

Historically in nursing, the hidden curriculum is the praxis for the theory–practice gap. It is the unique and authentic experiences that learners obtain from health services when they attend clinical placement and have the potential to create meaning in formal classroom learning (Saifan, Safieh, Hannen, & Shibly, 2015; Fitzpatrick White, & Roberts, 1996; Budgen & Garmoth, 2008). Learning that occurs beyond the curriculum is an area that has been well explored in higher education, particularly with the movement of establishing graduate attributes that address foundation skills. Scholars in the educational space agree that learning outside of the classroom and curriculum is beneficial in both testing metacognitive applications and overall personal development (Kuh, 1995; Bentley, 2012). This research has highlighted that it is important for curricula to provide opportunities for this to occur in the area of Indigenous Australian cultural competence resonating with health disciple research undertaken within a metropolitan university within Australian (Power, Virdun, Sherwood, Parker, Balen, Gray & Jackson, 2015). This style of learning takes courage from both educator and learner as we cannot anticipate all of the outcomes and experiences may be confronting. However, this should not deter from embarking on ways to reach higher levels of metacognition, enabling the journey of Indigenous Australian cultural competence.
There has been some dialogue around extra curricula activities (beyond the university curriculum) influencing students’ personal development in social science curricula (Bentley, 2012). These activities are varied and not limited to employment, volunteering and participating in professional affiliations and can extend learners’ skills in the areas of resilience, reflective thought and knowledge application (Kuh, 1995; Bentley, 2012). Extracurricular activities impact upon learning and are undervalued in primary and secondary education as well as in higher education with the focus being on curriculum outcomes, irrespective of personal learning (Bentley & Cazaly, 2015). This research supports the need to enable learners to bring in their unique experiences to nursing courses, providing not only a holistic approach to education, but also taking into account learners’ extended spaces and real life situations (outside the classroom) (Bulman & Scutz, 2013) that impact and influence their journey in Indigenous Australian cultural competence. Exploration on what and how to embed opportunities that stimulate personal learning as well as curriculum goals in the area of Indigenous Australian cultural competence and nursing have not previously been explored. From participants’ experiences, it is evident important learning did occur outside the curriculum (see previous examples in this section) and was vital to the participants’ journey in Indigenous Australian cultural competence.

Section Summary

The curriculum influenced student experiences in three ways: Authentic curriculum design, Enabling learning through transformative experiences
and Mindfulness of the hidden curriculum. These are important areas for educators and curriculum designers to consider in providing opportunities to learn Indigenous Australian cultural competence.

Influences of student experience

The learning experiences participants had during their course were central to their capacity to search for the truth and make a connection. This section will discuss important findings around influences of student learning within a course contributing to growth, development and change in the journey of Indigenous Australian cultural competence. It will draw on current literature to discuss: Online safety is important to student experiences in Indigenous Australian cultural competence, Making connections embodies the experience in Indigenous Australian cultural competence, the Critical thinking in Indigenous Australian cultural competence, Learning was uncomfortable and the Paradox of experiences did not the journey as important influences of student experiences.

Online safety is important to student experiences in Indigenous Australian cultural competence

Learning experiences within the course impacted the students’ learning in Indigenous Australian cultural competence. One experience raised was participants’ safety while engaging with learning opportunities within the online environment. Online incivility has been discussed in nursing research as the outcome of behaviours that are deemed as unprofessional or undesirable in the online nursing space (Clark, Ahten, & Werth, 2012;
Winslett & Phillips, 2005). This definition seemed to align with the fears of the participants although participants in this study further detailed their fears in online language, such as Joshua’s concerns in how the language, used online, may be perceived by others and the lack of tone that the online space had (See Chapter 4). Online learning experiences are increasingly becoming popular in the Australian tertiary sector with around 81% of learners working remotely off campus in the online space in 2010 (ABS, 2010).

Online learning experiences are seen to be cost effective and have the capacity to target audiences that would not normally have access to university teaching (Button, Harrington, & Belan, 2014).

The course in which participants were enrolled required students to complete one subject as a distance education unit while enrolled as an internal student. Participants were disgruntled about this, indicating the impact it had on their studies (refer to Chapter 4) and raised the notion of whether online learning was appropriate in subjects that explored Indigenous Australian cultural competence. Online learning is dependent upon the ability of learners to navigate information technology and its associated resources (Kenny, 2002). The demographics of current nurses enrolled in nursing curriculum in Australia are diverse, having uneven exposure or skills related to digital literacy (Salamonson et al., 2015).

Concerns about online learning have been raised in nursing curriculum including anxiety (Deltsidou, Volytaki, Mastrogiannis, & Noula, 2010; Glaister, 2007); learners not being prepared with the appropriate skills for
online spaces (Bond, 2009; Levett-Jones et al., 2009; Jackson, Power, Sherwood & Geia, 2013); and varied technological capacity of information technology in Australia, particularly in regional, rural and remote areas (Creedy et al., 2007). Anxiety in using information technology links with participants in this research but differs in context and experiences.

Participants were concerned that they would be perceived as racist when engaging with online forums spaces in the subject *Indigenous Australian Health, Culture and Nursing* (NRS194). Participants such as Joshua were not confident in their language skills and Mary avoided online spaces due to her lack of confidence in appropriate terminology and the permanent nature of online communication that lacked tone and expression. It seems that Mary relied on tone and expression, due to her inability to confidently display respectful language skills that would not cause offence to others.

Safety in the online space, particularly during the first year subject, was a concern for some participants in this study (particularly Joshua and Mary) and is of value to nursing educators, given the progression in health care moving to online spaces requiring digital literacy (Bond, 2009; Levett-Jones et al., 2009). As we move to a world where online learning is seen to be more accessible for training, we also have moved to a space where we are encouraged to consider how to create safety in online spaces in the area of Indigenous Australian cultural competence, particularly when learners may not have confidence in their language skills. In current Indigenous Australian cultural competence education, it is considered important that participants feel safe in their discussion, leading to the desire to create
meaningful and safe clinical interactions that encourage connections (Durey, 2010; Thackrah & Scott, 2011; Hunt et al., 2015).

There is also discussion around online spaces promoting lower order cognitive skills (Prunuske, Batzli, Howell, & Miller, 2012), pertinent in the exploration of advancing metacognitive skills that participants valued and deemed necessary in their exploration of the truth (further discussed on page 285). The exploration of safe online spaces that enable metacognitive skills (such as critical reflection) is still to be explored extensively in the area of Indigenous Australian cultural competence. What is of particular interest in this research was, even when online safety was not guaranteed, participants still found ways to move themselves to a space where they were able to connect beyond the tools available in the curriculum. This may be due to the personal attributes and learning that extended beyond the curriculum that the participants felt necessary in exploring Indigenous Australian cultural competence.

Making connections embodies the experiences in Indigenous Australian cultural competence

Seeking the truth was important to learning and was influenced by student experiences. Making a connection was a vital step in the journey of participants seeking the truth. They made a connection primarily through opportunities that embodied their experiences and enabled them to grow, change and develop. The experiences that were provided by the course, their peers, and course tools, clinical placement and personal cultural connections
all contributed to their connection with Indigenous Australian cultural competence. The parallel journey where participants identified the relevance of learning to themselves, as a person and as a professional, created a landscape where participants had the desire to search for the truth. The interrelationship in the model of learning Indigenous Australian cultural competence is highlighted where making a connection stimulated the search for the truth and the truth stimulated the desire to make a connection, both of influences to student experiences and influences by the curriculum (Figure 8.2).

In nursing educational research, it has been widely accepted that nurses need to embody the experience of becoming a nurse (Benner, Stephen, Leonard, & Day, 2010). In literature surrounding nursing curriculum, it has been revealed that one way of working towards embodying experiences is through experiential learning. Kolb (1984), a well-known scholar in experiential learning, discussed that experiential experience is about the relationship of learning and its application to practice. Kolb further discusses a cycle where learners have continual development through experience. In Kolb’s cycle, generally something occurs, time is then spent evaluating what has happened, consideration is then given to new ways of doing, a decision is made as to what needs to be adapted differently, and then action follows. Depending on individual learning styles, reflection can occur after an experience or during an experience (Kolb, 1984). Kolb discusses the impact that experiential experience can have in transforming learning through experience. Although there are some similarities with the Kolb model for the participants of this study, experiential learning took on a
different process. Participants wanted to make a deep connection that was so significant that the connection changed their worldviews. This required not only the use of reflection but critical reflection in that they evaluated and made a decision to move to a new way of understanding as a result of their learning. Participants embodied experience through a transformative experience that involved deep connections.

Psychological theories such as the social identity theory (Tajfel & Turner, 1979) define how we see ourselves in the world. Through the lens of the social identity theory, it is suggested we link ourselves with like-minded people, cultural groups and belief systems and divide our world into how we align ourselves in comparison to others (Trepte, 2006). Similarly, Tajfel and Turner (1979) detail the three stage process of the social identity theory where first, we align ourselves with a particular group, identify markers that link us to the particular group and finally, then compare other groups to our groups. It is a comparative process that has synergy with the participants’ search for the truth.

In their search for the truth, the participants of this study all had a sense of themselves in the interviews. They spoke of previous truths and how they had obtained their truth. An example is Mary who spoke about how she had previously believed that Indigenous Australian people were *drunks* and this had been informed by her husband and friend. As Mary obtained new knowledge, she began to establish new understandings through a transformative process. This process, that other participants also described, does link with some elements of the social identity theory. The point of
difference with the participants of this study was they all moved in their journey of Indigenous Australian cultural competence and experienced change in their worldviews. The social identity theory does not indicate that change after comparison is likely (Tajfel & Turner, 1979). Participants in this study moved through change in their worldviews which they felt would continue throughout their life, thus the spiral representing worldviews (Figure 8.2) continues.

Alternatively, sociological theories that focus on cultural differences can also be helpful when discovering how we see ourselves in the world (Payne & Payne, 2000). Crucial to this is the notion of dominant groups; these could be seen as males, heterosexual, white and middle class. Aligning with the social identity theory, the social division theory explains that the dominant culture will consciously or not group together and adopt a shared understanding and personal sense of identity (Payne & Payne, 2000). The non-dominant group, usually defined by the dominant group, will be ‘othered’ (Young, 2000).

For participants in this research, most considered themselves to be different to Indigenous Australian people, both in phase 1 and the final phase of the research. In particular, the language participants used, highlighted the difference. Interestingly Kara, who identified as Aboriginal, also saw herself as different and not fitting in with Indigenous Australian people. In social division theory, differences divide and create social rules that groups of people follow (Payne & Payne, 2000). The division is accepted by the
majority (dominant) group of people and social inequalities soon follow. Although participants chose not to speak up when inequalities happened on clinical placement (such as Jack fearing retribution), participants were very clear in stating they felt this was not best practice and when they did have power as a qualified nurse, then they felt, their responses would change.

The process by which a theory/lesson is enacted for participants in this study was that the division did not remain, as is seen in the social division theory. In fact participants actively looked for ways to connect with Indigenous Australian people which enabled them to embody their experience and provoke change in worldviews. The participants in this study spoke of attributes they used and how different they felt from their peers when using these attributes. The attributes helped the participants move away from their dominant group. This does not link with traits of the social division theory, raising another unique aspect of the findings in this research.

Although the participants moved beyond the classroom group, we are able to interpret how they used ‘othering’. Staszark (2009) discussed that ‘othering’ has very real consequences for minority groups who will also be unable to prescribe to cultural norms. This important discussion, when linked with the findings of this research, where participants first look at what had defined their current basis of knowledge around Indigenous Australian people, compared themselves to others as a step prior to being able to redefine their identity and worldview through new knowledge. The
new knowledge became so important to participants that their worldview changed. A range of strategies was put into play by the participants and all were reliant on making a connection in their search for their own truth.

These experiences required the use of critical reflection tools. Maintaining a sense of discomfort in the learning was also important (discussed later in this chapter). Embodying their experiences (Mezirow, 2000) through making connections was a vital link in their growth, change and development in Indigenous Australian cultural competence.

Participants embodied experience through experiential learning that relied heavily on critical thinking, making a connection and making the decision to accept their new found truth as a new worldview. Although some points are similar to experiential and social theories that describe embodied experiences (discussed later in this chapter), the process described by participants in learning Indigenous Australian cultural competence is unique and lends itself to new knowledge.

Critical thinking in Indigenous Australian cultural competence

Historically, the profession of nursing has primarily focused on educational definitions of critical reflection. Critical reflection is broadly defined by Paul and Elder (2002) as the “disciplined art of ensuing that you use the best thinking you are capable of in any set of circumstances” (p. 9) and was important in compelling students forward in their search for the truth. This
was facilitated by specific attributes that assisted their ability to connect, search and critically think (see Chapter 6). This research supports the concept that the absence of critical thinking would lead to a stagnant model of Indigenous Australian cultural competence where progress and change are not evident. This section will explore current theories in critical thinking and how they relate to the use of critical thinking by participants in this study.

Embedding metacognitive skills within a curriculum may facilitate development of graduate outcomes that are more suited to the workforce within Australia and, if well established, have the potential to improve the quality of care provided (Pérez et al., 2015; Simpson & Courtney, 2002). This is important to the journey of Indigenous Australian cultural competence. As seen in the experiences of participants’ connection, it is again, a central theme in the exploration of critical thinking and thus creates the praxis in the findings model (Figure 8.1), and is important in learning and development in Indigenous Australian cultural competence (Figure 8.2).

Assessment of learning styles of nursing students by the academic/educator is thought to assist with the development of critical thinking and may be a way forward in assisting the development of critical thinking in relation to Indigenous Australian cultural competence. Understanding is seen to influence the ability of learners to develop skills in metacognition such as critical reflection (Mezirow, 1981). The use of metacognitive skills, in the instance of this research, relied on the skill of critical reflection. In nursing
the general need for academia to be ‘humanised’ (linking to personal attributes that participants discussed in Chapter 7) and related to human and social contact has been well discussed (Mezirow, 1981).

Research in critical thinking suggests our understanding has evolved. Early perspectives of critical thinking saw the skill as a philosophical perspective (Dewey, 1916) while Ennis (1962) believed it to be an outcome of reflective practice. Notables in education see critical thinking as being more than a cognitive approach and instead view critical thinking as a process (Facione, 1990; Paul, 1990; Daly, 1998). This may be due to the evolution of critical thinking in practice. Once, cognitive skills were considered enough whereas currently, in the autonomous complex and changing world of health, the nursing profession attributes, are at their highest demands, requiring us to view critical reflection in another way. This means the teaching and application of critical reflection need to be a multi-dimensional process to complex situations (Daly, 1998; Simpson & Courtney, 2002). In this research, ways for learners to critically reflect were reliant on the connections they made and connections were dependent on curriculum opportunities, personal learning and the attributes used by each participant.

For participants, experiences and resources that promote critical reflection needed to be varied and unique to facilitate the journey of Indigenous Australian cultural competence in a way that suited them. For example, some participants’ search for the truth was stimulated by their connection with culture, such as Kara; for others, it was the relationships they
established while on clinical placement, such as Mary and Rose. The experience had to be meaningful to the participants to create a connection and stimulate the search for truth. Critical reflection developed as the journey progressed and was related to the participants’ connections and the search for the truth, propelling the student forward in their Indigenous Australian learning journey. This aligns with Schank’s (1999) dialogues in the skills of critical reflection needing to be integrated across a curriculum with the commitment of academics in nursing to enact (Malcolm & Miller, 1990). Schanks’ model (1999) suggests that critical thinking needs to be applied across all levels of nursing curriculum and tasks need to be directed at participants actively requiring to think critically (Conga & Mezza, 1993).

The understanding of Indigenous Australian cultural competence is progressed by participants’ experiences and the understanding that critical thinking needed to be used across the course and relevant to both personal and professional worlds of the learner in their search for the truth and their ability to make a connection (refer to Chapters 4 and 5). Participants personalised cognitive thinking, the development of critical thinking became more meaningful as they connected on their search for the truth. This strengthens the need for nursing curriculum to provide personalised experiences that provide the opportunity to utilise the skills of critical thinking. While the Aboriginal and Torres Strait Islander Health Curriculum Framework (Commonwealth of Australia, 2016) highlights the need for critical reflective skills to be available within a health curriculum, nursing curricula are yet to focus on the relationship between critical reflective practice and Indigenous Australian cultural competence.
Participants used their experiences to develop critical thinking skills that became a vital element in their learning of Indigenous Australian cultural competence. It is argued that teaching and learning strategies need to coordinate with the peaks and troughs of the students’ critical thinking abilities within a curriculum (DeSimone, 2006), embedding the generic critical thinking skills may not be the most appropriate way to teach critical thinking. Now, as we approach the space of andragogy, teaching styles should be appropriate to that of the adult learner and be consistently modified throughout a degree, enabling a range of learning opportunities that provide meaningful ways to apply critical thinking skills in the area of Indigenous Australian cultural competence.

Learning was uncomfortable

Participants expressed that learning during their journey of Indigenous Australian cultural competence was uncomfortable. They were challenged by the very notion of how the learning about Indigenous Australian people aligned with the broader Bachelor of Nursing curriculum, challenged by racist clinical experiences, emotions that arose during learning experiences and the inner reflections that were stimulated by the journey of Indigenous Australian cultural competence. However, it was within this discomfort that worldviews were challenged and movement occurred. Making a space to maintain discomfort in nursing curriculum has not been well explored.

22 Adult learning theory and the work initiated by Malcolm Knowles (1980)
Boler (2011) discusses the notion that there needs to be space in curriculum where learners have the opportunity to both feel and reconsider worldviews. Boler believes this is the space in which we become uncomfortable that drives us to the exploration of our inner values and requires us to be reflective thinkers; this notion aligns with research findings in this study. Participants in this study openly disclosed their discomfort in clinical situations, within the online learning spaces and by new experiences that challenged their worldviews. They were undeterred (due to their attributes that will be discussed later) through these experiences that led to a change in their inner self, their personal worldviews.

The importance of allowing discomfort has been supported in the literature. Boler’s (2011) theory specifically related to cultural worldviews and the need to allow for discomfort within learning experiences. Like Boler, Durey (2010) discussed the need for nurses studying Indigenous Australian health to be able to reflect on their own beliefs and culture and when doing this, they need to be challenged openly about their cultural prejudices and misconceptions, regardless of how uncomfortable it may be, suggesting that learning could be opportune in the space of discomfort. Hall and Fields (2012) furthered this discussion with acknowledging that predominantly, nursing is from a white racial background where minority oppression around race has a simplified context and thus underpins nursing theory and practice, acknowledged as micro aggressions (Yoon, Hacker, Hewitt, Abrams, & Clancy, 2011). Personal experiences are therefore paramount in the exploration of Indigenous Australian cultural competence in ensuring
social connections in clinical relationships (Yoon et al., 2011), as disclosed by participants in this study.

It has been acknowledged that the exploration of such micro aggressions (p. 37) in racial contexts are vital in being able to move forward as a profession (Yoon et al., 2011) and this may, at times, be uncomfortable in self-reflection and thought, even resulting in feelings of white guilt\(^{23}\) (Moreton-Robinson, 2004; Maddison, 2011; Dall’Alba, 2007), as seen by some participants in this study. For example, Sophia’s change in worldviews provoked feelings of guilt, particularly when reflecting on previously held knowledge. The participants in this study all described the notion of discomfort when seeking the truth and making connections, particularly in the online space. The very essence of their search became the inner discomfort of their thoughts. At this point they were also able to self-reflect and, as Boler (1999) described, be at a point in their exploration of self where they then felt they wanted to *Call for Action* (Boler, 1999). This marked the point where they acknowledged the change in self through their discomfort and acceptance of new knowledge. They had reached the point where they were looking to the wider profession and questioning their journey in Indigenous Australian cultural competence.

Maintaining this space of discomfort in nursing curriculum has not been well explored in Indigenous Australian cultural competence literature,\(^{23}\) The guilt associated with normalised, taken for granted privilege that is often invisible (Thompson, nd)
making this a unique finding. The experiences model in this study (Figure 8.1) depicts the ways in which participants found this to be useful, particularly through the intricate steps in making connections and searching for the truth. Given the lifelong journey of Indigenous Australian cultural competence that participants described, the relationship of discomfort in curriculum needs to be explored further.

The model (Figure 8.1) has presented ways participants found useful to explore their inner values and critically reflect on worldviews that can be implemented into curriculum design. The intrinsic benefit of doing this will be the discomfort that the situations provide. It is in this discomfort that the metacognitive skills of critical reflection, making connections and searching for the truth are put to the test. Learners becoming divergent thinkers, able to be in a space where they are uncomfortable, developing meaning from the discomfort and continuing to strive on their learning journey is unique and reliant on personal attributes (further discussed later in this chapter). In Mary’s clinical experiences, she faced discomfort and fear yet persevered (through her attributes) and continued on her learning journey while Jack and Annabel witnessed clinical situations of discomfort when witnessing poor behaviour from qualified nursing staff. Interestingly, all participants faced with discomfort continued their journey and described their learning from the situation.

Being able to create an opportunity from discomfort is an important finding in this study. The use of critical reflectivity is vital in making sense of the
discomfort. This contributed to the landscape participants described as being optimal for learning and teaching in Indigenous Australian cultural competence.

The paradox of experiences did not inhibit the journey

Participants revealed that they were apt at finding themselves in a situation, mainly a clinical situation, where learning in Indigenous Australian cultural competence was challenging and uncomfortable. What is interesting is that the paradox in the experience did not inhibit the journey and this is important when considering learning opportunities in Indigenous Australian cultural competence.

Aligning with both Kolb (1984) and Mezirow (1979), it is generally accepted that experiences (negative or positive) are important if the learner is to reflect and make sense of the situation. Boler (2000) advocates that experiences in the area of cultural situations can be uncomfortable but remain useful. The challenge for participants was the negative practice experiences participants reflected on and how these experiences aligned with their current worldviews. This resonates with Jack’s experiences and his discussion around negative practice that disempowered him to make change during his undergraduate program. We also discovered that this did not deter him from his commitment and he was still able to learn and grow in the area of Indigenous Australian cultural competence. Even though as a student nurse, Jack failed to act, he acknowledged the inaction and indicated that it would not be the way he would handle situations when he was a
qualified nurse. This brings to light a unique finding within the area of Indigenous Australian cultural competence in that, if participants did experience negative practice, it did not limit the learning, instead, participants drew on personal attributes and commitment to find their truth. This is interesting when we considered current literature on professional socialisation in nursing.

For decades, nursing research has explored professional socialisation and the impact this can have on learners (Mackintosh, 2006). Professional socialisation in nursing has been described as the interaction among members of the profession with particular focus on learned professional values, attitudes and goals that link to the professional identity (Goldenberg & Iwasiw, 1993). There are a number of models of professional socialisation in nursing (Davis, 1975; Goldenberg & Iwasiw, 1993) with further studies detailing how professional socialisation affects undergraduate student learning, particularly when the process can reveal both positive and negative experiences (Olesen & Whittaker, 1968; Wyatt, 1978; Mackintosh, 2006). It has been reported students find themselves having to fit in to workplace and organisational culture in order to gain acceptance (Fitzpatrick et al., 1996; Mackintosh, 2006). This can have a detrimental effect on the learner’s ability to link personal and professional worldviews and often, historically in nursing, this has led to learners becoming proficient in new roles to the detriment of previous ideals and values they held (Melia, 1987; Rolls, 1992; Mackintosh, 2006; Bolan & Grainger, 2009). However, this was not the case with participants in this
study who were able to learn, grow and develop in their journey despite the paradox of experiences.

The impact clinical placement can have on a student nurse’s journey has been well explored (Levett-Jones, Lathlean, McMillan, & Higgins, 2007; Astin, Newton, McKenna, & Moore-Coulson, 2005). Unwelcoming, alienating and unreceptive clinical environments can lead to students lacking in engagement, motivation to study, developing a sense of disconnect with the profession, increasing attrition and distress (Levett-Jones et al., 2007; Norman, 2015). These behaviours have been reported to be not only from nursing colleagues but also from the interdisciplinary healthcare team (Gilbert & Brown, 2015) which align with some experiences of participants in this study when reflecting on situations involving medical colleagues during their clinical placement. Student nurses have reported they need emotional support from peers or senior clinicians to navigate the terrains of experiential experience and expressed the need to be connected to their profession when attending a clinical placement (Thomas, Jinks, & Jack, 2015; Gilbert & Brown, 2015, Levett-Jones & Lathlean, 2009), yet were able to learn from the situation impacting their understanding of Indigenous Australian cultural competence.

In environments that are unsupportive, it has been evidenced that students become desensitised to values they previously held and found shifting to poorer practice standards that align with workplace culture, the better option (Kuokkanen & Leino-Kilpi, 2000). Maintaining professional values has
been reported as being viable in more recent studies (Thomas et al., 2015; Horton, Tschudin, & Forget, 2007) and indicative of the findings in this project where participants were able to identify poor practice standards in the area of Indigenous Australian health as not desirable, yet did not have the confidence or feeling of safety to confront the clinician. Participants were able to identify the specific clinical conduct they felt was inappropriate and identify the impact it had on their learning (Chapter 4). The point of difference between this research and other nursing research in professional socialisation was that the identification of challenging situations was important to their learning and in fact, became a driver for some participants to continue their learning journey, actively seeking additional experiential learning experiences that may provide a different outcome in experiences. The disconnect in experiences propelled the personal journey and drove participants to actively seek other ways to search for their truth.

It is acknowledged that there is a wide variety of experiences nursing students report about experiential learning (Gilbert & Brown, 2015), leading to a range of ways universities embed experiential learning within a curriculum. One researcher considered clinical situations to have a model of mentorship at the forefront, creating the most beneficial situations and support for nursing learners (Edmond, 2001). Other researchers have concluded that short placement times where students are not challenged with a large number of contact hours and the desire to fit in (Levett-Jones et al., 2007, p. 169) to workplace cultures are more desirable (Levett-Jones et al., 2007; Gilbert & Brown, 2015).
In this research, participants indicated that experiential experience (clinical placement) was important. They actively sought experiences in which to engage, meaningfully. Exploration of support provided for participants attending an Indigenous Australian health placement has not been well researched. However, we can conclude that mentoring and supportive clinical environments would increase the sense of belonging for learners in their ability to connect, thus providing support in experiences they deem negative which may lead to greater student satisfaction in the area of Indigenous Australian cultural competence. It does need to be noted that these participants’ findings were unique from that found in the current research in that negative experiences were not a deterrent but instead, a driver for further learning, further validating the personal attributes these participants revealed.

It was perhaps the paradox in experiences that compelled participants to move to the hidden curriculum (as previously discussed) to find learning opportunities that were responsive to their personal needs. Regardless of the rationale, participants became the drivers for their learning and challenged obstacles with the search for other experiences.

Section Summary

In summary, five key elements were revealed in participants’ experiences. These five elements: online safety is important to student experiences in Indigenous Australian cultural competence, Making connections embodies the experiences, Critical thinking skills in Indigenous Australian cultural competence, Learning was uncomfortable and the paradox of experiences
did not inhibiting the journey influenced student experiences and are important when considering the learning needs of nursing students within undergraduate nursing degrees in the area of Indigenous Australian cultural competence.

The Unique Personal Journey

The findings revealed that learning was unique and deeply personal for all participants. The learning stimulated reflections, memories and emotions that were unique to each participant. As previously discussed, this moved the learning beyond the curriculum to the personal world of the participants (refer to Chapter 7) and in turn, influenced the change in their personal worldviews. This section will explore literature surrounding: The Personal Learning, Personal Attributes being central to the journey of Indigenous Australian cultural competence, and finally, the Language being a personal marker that participants were still on a learning journey.

The Personal Learning

Within the findings it was evident that personal learning occurred. That is, there was a unique situation that shaped the worldview of the participant and changed them in some way. For example, Stacey considered her communication styles and her worldviews and how these can be perceived by others, while Kara continued to explore her Indigeneity. All participants expressed how they felt, the emotions that were stimulated and how they had changed as a person in some way through their learning experiences.
Although little has been written about the influence of personal learning in the area of Indigenous Australian cultural competence, we have seen how the influence of personal self contributes to professional identity as a nurse. A range of literature around the personal and professional self in nursing has focused on the professionals being able to separate their personal biases, beliefs and ideals when practising nursing (Daly, Speedy & Jackson, 2014), rather than how personal learning can stimulate development in Indigenous Australian cultural competence, as was seen in this research.

Heidegger’s discussion around ‘becoming’ in education (1962) propels us to consider the ontological stance of nursing education today. The final year participants sensed their journey was not complete, they were still on a journey to ‘become’. We are in a world of education that values skills, knowledge and competencies. It is thought that as we provide learning opportunities, students develop skills, and knowledge and competencies and will transform into the professional beings that we hope a nurse will be; they essentially are becoming via this process. What is unique is the importance that learners in this study placed on the hidden curriculum, the personal learning, essential to the essence of the experience. This learning was often immensely personal.

There has been some dialogue in the literature around how gender, culture, and ethnicity of a person can all contribute to the individuals’ application of nursing practice (Martin, Yarborough, & Alfred, 2003; Keeling & Templeman, 2013) yet, little is written on the ways curriculum can support
personal learning, beyond earlier discussions in this chapter on critical thinking skills. It has also been acknowledged that self-actualisation of the nurse in the areas of moral and ethical care need not be any different to the development in personal self, thus creating an environment where we are always striving towards the embodied nurse, rather than separating the personal and professional self (Rosa & Coach, 2014). Benner et al. (2010) call this ethical comportment, being the reorientation of nursing tasks to humanised care.

Where the learning student is able to remember “the patient in the bed” (Benner et al. 2010, p. 167) requires acknowledgment of their personal and interpersonal skills, self-knowledge (personal self) and ethical insight, resulting in ethical comportment and humanised care in nursing practice. In clinical experiences within this research we can remember the realisation by the first year participants (particularly Sophia’s realisation) of the ‘true face’ of Indigenous Australian people. This was complemented by participants feeling they needed insight into themselves, for example, acknowledgment of their search for the truth and the connection (“the patient in the bed”) to move, change or grow in their journey of Indigenous Australian cultural competence.

Cultural humility is seen to be a lifelong process, congruent with participants’ experiences and is the recognition of the clinicians’ role in the relationships established in cultural care. In the experiences of the participants, we can draw on the experience of Ivy who believed that her
personal attributes, combined with self-reflection, enabled her growth in the area of Indigenous Australian cultural competence. Clearly, valued experiences of participants are not lost in the rhetoric of cultural awareness, rather, they are embodied experiences in nursing, enabled through personal learning. Interestingly, cultural humility has been argued to be an additional requirement to cultural competence nursing models rather than a core element (Hunt, 2001). However, in the scrutiny of cultural competence nursing models of care, cultural humility that derives from being self-aware, stimulated through critical thought (Purnell, 2002; Campinha-Bacote, 2002) has been largely identified as a component of cultural awareness.

Other schools of thought indicate that professional nurses are those who have a philosophy of nursing through which they explore their personal values and belief systems and take into account worldviews, concepts of humanism, environment, and health as it relates to nursing (Kearney-Nunnery, 2015). This becomes the metaparadigm24 for nurses working in a specific area and the responsibility of curriculum designers to enable students’ exploration of the philosophical underpinnings of nursing philosophy in undergraduate degrees (Fawcett & DeSanto-Madeya, 2013). The literature around nursing philosophy and metaparadigm skills aligns with the participants in this project and their discussion around personal attributes. Personal attributes increased the participants’ ability to connect with people, creating a situation where development in growth in personal

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24 Metaparadigm is the overarching model common in specific areas of nursing. It forms the professional identity in the area that is distinctly different to other areas of nursing practice (Fawcett, 1995, 2005).
and professional self was vital to the journey and development in Indigenous Australian cultural competence.

The importance of the exploration of personal self was vital to participants in this research, if we remember Lucy and Rose discussing how they had personally changed in their learning in Indigenous Australian cultural competence. The previous notion that personal and curriculum-bound learning were separate entities in nursing, relating only to ethical and moral judgement in care situations, is not relevant in Indigenous Australian cultural competence learning and teaching. In fact, to truly embrace the model depicted (Figure 8.2), Indigenous Australian cultural competence requires intense reflection on self, with learning activities that enable teaching in this space to enhance the student learning journey and personal development.

Benner et al. (2010) argue that the hidden curriculum, the learning that happens through the extrinsic doing of set tasks, is often the essence of the curricula. It was evident the learning experienced by students in their personal worlds was important and included their experiences, the curriculum and their worldviews. It can be the aligning of personal and professional metaparadigms that often are not taught, but are the outcome of teaching. In this research, there was a sense of dissatisfaction in the participants’ journey when they referred to the nursing curriculum. They described a lack of commitment in Indigenous Australian cultural competence from the School of Nursing, Midwifery and Indigenous Health.
that perhaps revealed the participants’ disappointment in the hidden curriculum and the essence of the experience in Indigenous Australian cultural competence. The paradox resulted in the journey being propelled forward by participants and is a commitment to become a nurse, on a journey of Indigenous Australian cultural competence. This is important and highlights the interrelationship of the three overarching themes in the model.

Dall’Alba (2009) argues that the importance in curriculum is the process of becoming. She argues becoming is vital because we, as humans, generally care about matters related to us. Becoming is the transformation of ourselves as we embody the routines and traditions of our professional group (Dall’Alba, 2009). Becoming for participants encompassed personal learning. According to Dall’Alba (2009), in our transformation we are also constrained by the wider views held by the group. This resonated strongly with the participants’ experiences. The wider views, in this instance of participants’ experiences, created a disconnect with some learning opportunities provided in the nursing curriculum that caused participants to feel they were on a separate journey to the wider nursing community (for the participants this was the School of Nursing, Midwifery and Indigenous Health). This consequently limited course-based learning but stimulated the search for additional opportunities through the pursuit of becoming.

The curriculum focus shifts for participants from knowledge and skill acquisition to becoming a professional nurse and is reliant on the personal journey. This notion then becomes the intertwining of our personal and
professional worlds and often has periods of intense anxiety and discomfort in the possibilities that reveal themselves (Thomson, 2004; Dall’Alba, 2009). The area of becoming has been explored in relation to the development of professional identity. Higgs (1993) defined professional identity in the context of health professions as the process of adopting the common beliefs, standards and practices of the profession which leads to an understanding of the professional responsibilities.

Many others have theorised that professional identify encompasses but is not limited to reflective practice, professional reasoning, critical thinking, values and the recognition of the hidden curriculum (Barrow, 2006; Briggs, 2007; Peel, 2005; Paterson, Higgs, Wilcox, & Villeneuve, 2002).

Interestingly, theories that support professional identity transformation have been linked to Kolb and Mezirow (Trede, Macklin, & Bridges, 2012) and deemed as required authentic and meaningful learning experiences that shift between personal and professional learning opportunities, inclusive of situations that may provoke discomfort (Trede et al., 2012; Cherry, 2005).

For participants in this research, their professional identity in the area of Indigenous Australian cultural competence was not clear, evoking rationale for further research within the nursing profession (further discussion Chapter 9). Participants were searching for their truth through unique and meaningful opportunities and were dissatisfied these opportunities occurred separately from their university studies. Learning occurred, was self-driven (relying on personal attributes) and continued for participants in their
attempts to become in the area of Indigenous Australian cultural competence.

Personal Attributes being central to the journey of Indigenous Australian cultural competence

Participants experienced a variety of unique opportunities that were often outside of the classroom, such as Joshua’s exploration of his sexuality and Kara and Lucy’s learning through their culture. This was often attributed to participants as a result of deficits in both learning experiences and curriculum design and resulted in attributes that assisted in their journey of Indigenous Australian cultural competence. Looking beyond the classroom in attribute development and learning creates a wider opportunity within universities to contribute to the learning journey of Indigenous Australian cultural competence. In the wider realm of research in higher education, there are a number of aspects that have been highlighted as being imperative to a student’s learning journey. Most recently, these have been considered to be the pastoral care and support available, often reliant on learners’ wider communities and cohesion between faculties and support services found within universities (Rudel, 2006; Kift, 2009; Krause, Hartley, James, & McInnis, 2005).

Attributes have been used in international models of cultural competence (Camphina-Bacote, 2008). Probably the most notable attribute, cultural desire, was described by Camphina-Bacote (1991). This is described as the motivation to want to engage in becoming more culturally knowledgeable, aware and skillful. She found desire to be the foundational attribute to a
health professional’s journey in cultural competence. In Camphina-Bacote’s model, it is argued that the absence of cultural desire sees stagnant health professionals who are unable to accommodate the needs of all consumers of health care (2008). Cultural desire is congruent with the participants’ dialogue around attributes that motivated (persistence and awareness) the journey of Indigenous Australian cultural competence. If we consider for example, Jack’s journey where he described situations where his journey seemed to be hampered by clinical experience, he described persistence being the key motivator for him to continue his learning journey in Indigenous Australian cultural competence.

Leininger (1978) indirectly spoke of attributes and indicated that a broad, objective and open approach by nurses was required in progressing in any cultural competence framework while Wells (2000) presented a linear model that was responsive to cognitive and affective phases (see Chapter 2). Wells indicated that when the cognitive and affective phases did not align, it led to a lack of progression and an unwillingness to explore assumptions, behaviours and differences by learners, which limited growth. The essence of the personal approach to Indigenous Australian cultural competence in this research was around attributes that compelled the participants to move forward in their journey to a place where they had moved towards a change in worldview. It is acknowledged that making a connection and seeking the truth were the tools participants used and were complemented by the opportunities the curriculum offered. But there is something more they reveal at a much deeper level of their exploration of self. They reveal (as presented in Chapter 6) the personal attributes that participants required. In
essence, these become the foundation tools for the participants in Indigenous Australian cultural competence. For example, without persistence or awareness participants’ search for the truth would be limited, along with their ability to connect and move to a new viewpoint.

Personal attributes have been explored in wider conceptual definitions of cultural competence as cultural sensitivity, generally ascertained to be the consideration of personal backgrounds, beliefs, culture and worldviews, prior to moving in the journey of Indigenous Australian cultural competence (Leininger, 1978; Purnell, 2002; Camphina-Bacote, 2003; Papadopoulos, Tilki & Taylor, 1998; Wells, 2000; Ranzijn, et al, 2009). One study in Sweden expanded on this understanding of cultural competence attributes when discussing a Swedish nurse’s perspective that established attributes such as compassion, empathy, respect, flexibility and openness all encompassed cultural sensitivity (Jirwe, Gerrish, Keeney, & Emami, 2009). These attributes were all similar to the experiences of participants in this research. Through this research, we have gained insight that the exploration of attributes in Indigenous Australian cultural competence reveals skills in persistence, awareness, empathy, respect, openness and awareness as being vital. What is most important is how the attributes were used (either as motivators or enablers) in searching for the participants’ truth.

In the world of nursing research, behaviours that promote nursing excellence have been explored as the values, behaviours, competencies or interpersonal skills required by the nurse to perform well in clinical practice and are seen as the marker in the nurse being able to develop their
professional identity (Mead, 1964; Yura & Walsh, 1967; Maatsch, 1990; Taylor, 1995; Zhang, Luk, Arthur, & Wong, 2001). It is suggested that nursing behaviours are best observed or discussed through examples by the learner. Frequently, these behaviours are not readily identified by clinicians instead, they are the espoused and usually constructed unconsciously in the delivery of care (Argyris & Schon, 1974). For the participants in this research, the behaviours were described as attributes and were important to identify. Attributes were the shared understanding of personal behaviours required in the journey of Indigenous Australian cultural competence rather than the values that have been identified by professional bodies within Australia. They formed the hidden curriculum behind the participants’ lived experiences. It was important for participants in this research to actualise and describe attributes that assisted in their learning and development in Indigenous Australian cultural competence. In wider nursing research, it has been discussed that nurses being able to actualise behaviours such as listening, sensitivity, being present and reassuring the client have been seen as a way of the nurse demonstrating their professional identity (Fagermoen, 1997).

The recognised overarching key values identified in the wider nursing profession as core to professional practice are the value of altruism and valuing human dignity (Fagermoen, 1997). However, little is known about the personal attributes that underpin the development of the journey of Indigenous Australian cultural competence. In this research, participants discussed values such as sensitivity as being an important element to the attribute of persistence, and listening, a skill used in openness and being
present, as important to the attribute of empathy (see Chapter 6). These attributes contributed to the framework for the development of the individual’s professional identity in the area of Indigenous Australian cultural competence (see Figure 8.2).

Literature in nursing has shown that value and attributes are a way that nurses are able to self-express in their work, essentially becoming the enacting of meaning behind their nursing practice (Bishop & Scudder, 1990; Holmes, 1992; Kim, 1993). In this research, participants used descriptions of clinical situations to explain the way they enacted attributes they saw as imperative in the learning journey of Indigenous Australian cultural competence. Often the clinical dialogue around Indigenous Australian cultural competence became the participants’ description of how do I be and do.

Qualitative research that focuses on the desirable attributes of nursing practice is usually focused on perceptions of nursing and how they evoke attributes rather than attributes being integral to professional identity (Bolan & Grainger, 2009; Johnson & Cowin, 2013; Catlett & Lovan, 2011; Pitt, Powis, Levett-Jones, & Hunter, 2014). In some countries, personal attributes are screened during admission to a course (Perkins, Burton, Dray & Elcock, 2013). It can be concluded that attributes are important, and particularly so, in the humanism displayed and experienced by professional nurses (Catlett & Lovan, 2011; Roberts, 2013). Importantly, deficits in personal attributes, particularly those that form the essence of care and compassion in nursing, are seen to contribute to unethical decision-making and unprofessional
behaviour (Roberts, 2013). One recent study resulted in nursing students valuing the principles of fidelity, privacy, confidentiality and respect as principal attributes to the profession of nursing. These same participants were also reported to have higher levels of professional confidence and more likely to confront healthcare providers who have questionable or inappropriate practice (Lacobucci, Daly, Lindell, & Griffin, 2012).

Attributes associated with the journey of Indigenous Australian cultural competence were different to those identified in the past. Historically, from the Australian context, attributes in Indigenous Australian cultural competence encompass the assumptions one has about one’s own culture and a way to move beyond this is through reflection (Ranzijn et al., 2008). Participants in this research have identified unique attributes (coupled with reflection) that enable and motivate their journey and ability to move to the essence of their experience, create meaning through the search and then connect in a uniquely personal way, resulting in a positive change in worldviews. This is unique and advances attributes in Indigenous Australian cultural competence research in Australia.

Little is known about how to support attribute development in undergraduate programs in the area of Indigenous Australian cultural competence learning. Previous studies on personal attributes in nursing within Australia found little change in personal qualities in foundational years in comparison to the point of graduation (Pitt et al., 2014). Learning in the area of attribute development in Indigenous Australian cultural competence is said to require constant reflection on self and exploration of personal biases, attributes and behaviours that can seclude minority groups
from care (Ranzijn, & McConnochie, 2013). In the wider space of cultural competence attribute development, it has been flagged that teaching staff are key in ensuring positive learning spaces within both classroom and curricula are made available. This raises the importance of staff exhibiting attributes in Indigenous Australian cultural competence (Goerke & Kickett, 2013). Participants in this research felt disconnected when this was not evident (Chapter 4). Participants have identified a unique journey that required the attributes of persistence, awareness, respect, empathy and openness. All these attributes perhaps, can be linked to altruism but, without clear descriptions of specific attributes and discussion around their impact on the journey of Indigenous Australian cultural competence, they make curriculum development in this area a challenge.

Attributes identified in this research involved enablers and motivators in learning and were paramount as a tool to connect discipline knowledge and personal learning, both considered vital components in their connections and search for the truth. Most importantly, there was seen to be growth in participants that resulted in the identification that their worldviews had changed and they now had a different perspective, which influenced their approach to Indigenous Australian cultural competence and their approach to clinical nursing practice. Other theories support creative and interactive ways of learning that promote a transformative experience for learners where they can create meaning from a situation rather than the focus being on attribute development (Reid-Searl et al., 2014; Health Workforce Australia, 2010). Participants in this study relied on the experiences that were presented to them in the nursing curriculum and then used their
personal attributes to propel their journey forward when these experiences did not satisfy their learning needs. The attributes became the core of the truth and also a junction between the search for the truth and the connections that participants made, which led to their change in viewpoint. Consideration needs to be given to the wider university space in the development of learners of Indigenous Australian cultural competence and more specifically, to the attributes that are useful to the journey of Indigenous Australian cultural competence (further discussed in Chapter 9).

Language as the marker that participants were still on a learning journey

The participants of this study expressed concern in conveying the appropriate language skills. They openly expressed concern in the language they used, knowing how to articulate concepts such as race and culture and deciphering how to best phrase their thoughts, in the online space. For example, Mary described her reluctance in engaging in this space due to language skills. Participants rationalised the reluctance was due to the inability to rectify language errors, leading them to question the safety of the online space, highlighting the interrelationship that student learning has with the unique and personal journey of individuals. Language was deeply personal and related to the social connections the participants had in their world. As explored previously, it is recognised this is not an emancipatory study design (see Chapter 3), although language seemed to be the marker
that participants revealed as being important, leading to their discussion that their journey of Indigenous Australian cultural competence was incomplete.

Through deep understanding of participants’ language skills, it is evident that the language aligned with their previous social realities rather than with the change in worldview that participants so vividly described. All participants acknowledged that their journey in Indigenous Australian cultural competence was not yet complete and we can assume as the journey progresses that their language may align and further develop. This raises valid rationale for learning opportunities in language skills as being important to the development of Indigenous Australian cultural competence (discussed further in Chapter 9).

Language in its purest sense in interpersonal communication is one way we interact with another person (Candlin, 2008). It has been widely accepted as an important aspect in interpersonal communication in nursing for decades, particularly in the way we perform nursing skills (Austin, 1962). The performance of speech is the way we convey our oral messages. Sapir and Whorf (1962) believed that the structure of our language can affect the worldview of the speaker and become their social reality. The Sapir and Whorf model has been further discussed with the view that attitudes and belief systems portray how we speak and the language that we use and thus, language influences our cultural reality (Kramsch, 2003). The discourse around language in Indigenous Australian cultural competence has not been well explored although the impact that language in nursing practice can
have on racism is well recognised (Boutain, 1999; Browne, Johnson, Bottorff, Grewal, & Hilton, 2002). One strategy that has been suggested in nursing practice, from the American content, is in monitoring language of nurses around people who are different from self (Porter & Barbee, 2004).

All participants in this study identified they had moved in their journey of Indigenous Australian cultural competence, recognised they had changed as a person and had insight to identify the journey was not complete, with language being one marker that supported their discussion. Language was one area that was particularly uncomfortable in the context of curriculum and learning opportunities, and a space in which learning was inhibited. This provides rationale for participants’ personal development in Indigenous Australian cultural competence being inclusive of language skills that have the ability to influence social realities. The change in worldviews evolves as social realities are developed.

Conclusion

Interpretation of participant findings has enabled the development of a model in Indigenous Australian cultural competence in nursing (Figure 8.2). The model differs significantly from other models in Indigenous Australian cultural competence in that it is non-linear. The model is placing importance on unique personal attributes that drive the search for the truth through making connections. This then stimulates evolving worldviews. The model of learning Indigenous Australian cultural competence (Figure 8.2) is
influenced by the curriculum, student experiences within a course and a person’s unique and personal journey. This model (Figure 8.2) will inform Indigenous Australian cultural competence teaching and curriculum design in nursing within Australia.
Chapter 9. Recommendations, Limitations of the Study and Conclusion

This research has used a constructivist approach, specifically hermeneutic phenomenology to explore the real life experiences and their first-hand knowledge of the phenomenon of Indigenous Australian cultural competence. Significant recommendations of importance to registered nurses, nursing educators and curriculum designers have been revealed. This chapter will explore these recommendations and provide suggestions on ways they could be implemented. As well, the limitations will be acknowledged.

Recommendations

Findings of this research have provided recommendations for four main audiences: undergraduate nursing students, nursing educators, curriculum designers and accreditation bodies. These have been recorded in Tables 9.1, 9.2, 9.3 and 9.4, along with possible strategies to consider in their implementation.
### Table 9.1 Recommendations for Undergraduate Students

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>What this means in practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students need to be the driver in their journey of Indigenous Australian</td>
<td>Look beyond the curriculum experiences to inform your knowledge on Indigenous Australian</td>
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<tr>
<td>cultural competence.</td>
<td>culture. This will require you to take ownership of your learning and identify gaps in</td>
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<tr>
<td></td>
<td>knowledge.</td>
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<tr>
<td>Learning needs to be holistic and this involves learning beyond the</td>
<td>Look beyond the curriculum experiences to inform your knowledge on Indigenous Australian</td>
</tr>
<tr>
<td>curriculum.</td>
<td>culture. Consider community events, local bush walks, books (novels), exhibitions, public</td>
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<tr>
<td></td>
<td>lectures, cultural museums that may inform your learning.</td>
</tr>
<tr>
<td>Be aware of attributes that will be useful. These attributes will motivate</td>
<td>Attributes such as persistence, awareness, empathy, respect and openness are important to</td>
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<tr>
<td>your journey and be able to establish the importance of the journey in</td>
<td>explore in your learning journey. Consider ways that you already use these attributes in</td>
</tr>
<tr>
<td>nursing practice.</td>
<td>your wider world and then reconsider when engaging with learning opportunities in the area</td>
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<td></td>
<td>of Indigenous Australian cultural competence.</td>
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<tr>
<td>The journey in Indigenous Australian cultural competence is uncomfortable at</td>
<td>Accept the journey may be uncomfortable as it may challenge your current worldviews.</td>
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<tr>
<td>times. However, within this discomfort profound learning will be enabled.</td>
<td>Consider personal or university support strategies such as family, friends or university</td>
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<td></td>
<td>counsellors to aid your journey.</td>
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<td></td>
<td>Make contact with teaching staff to navigate your thoughts. Use a reflective diary to</td>
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<tr>
<td></td>
<td>capture key learning moments and reflections you have throughout your degree.</td>
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</tbody>
</table>

### Table 9.2 Recommendations for Nursing Educators

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>What this means in practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand the journey of Indigenous Australian cultural competence is a</td>
<td>The journey in Indigenous Australian cultural competence is a unique journey for each</td>
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<tr>
<td>unique experience for each student.</td>
<td>student. This requires a curriculum to offer unique, diverse and multiple learning</td>
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<tr>
<td></td>
<td>opportunities that promote connection and opportunities to search for the truth across a</td>
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<td></td>
<td>degree. This may require the use of multiple, diverse opportunities using a range of</td>
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<tr>
<td></td>
<td>teaching and learning modalities.</td>
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<tr>
<td>Provide opportunities to connect. Connection is necessary to embody Indigenous Australian cultural competence.</td>
<td>Consider textbooks, multimedia resources, stories, personal reflections, exploration of own cultural heritage and immersive experiences in Indigenous Australian communities and most importantly, inclusive of Indigenous Australian people in the teaching team/strategy. Consider unique and multiple ways for students to connect with Indigenous Australian peoples and culture. Inclusion of Indigenous Australian people in the teaching team or overall strategy. Consider documentaries, case studies, immersive experiences, local community events and clinical experiences as possible learning opportunities. Ensure the connection is safe for all learners and most importantly, safe for communities.</td>
</tr>
<tr>
<td>Be aware of the hidden curriculum and where possible bring this to the forefront of student experiences.</td>
<td>Find ways to acknowledge the learning that occurs outside of the classroom within a curriculum. Look for unique ways to capture this learning either through assessments or tasks embedded within subject content. This learning is rich and valuable and may complement subject/curriculum-based learning objectives. It is important to student learning in Indigenous Australian cultural competence.</td>
</tr>
<tr>
<td>Provide rich opportunities for students to develop critical thinking skills.</td>
<td>Critical thinking is vital in the journey of Indigenous Australian cultural competence. Providing multiple opportunities to develop critical thinking skills across a degree for the application of Indigenous Australian cultural competence is vital. This content should be scaffolded across a degree.</td>
</tr>
<tr>
<td>Nursing educators and learning institutions need to be authentic and transparent in their own journey in Indigenous Australian cultural competence.</td>
<td>Schools of Nursing within Australia need to develop a reconciliation plan and have this visible to students. Develop Schools of Nursing values incorporating the commitment to Indigenous Australian cultural competence.</td>
</tr>
<tr>
<td>Undertake strategic planning of both Australian learning institutions and Schools of Nursing in the area of Indigenous Australian cultural competence. This planning needs to be visible and transparent to learners.</td>
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TABLE 9.3 RECOMMENDATIONS FOR CURRICULUM DESIGNERS

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>What this means in practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A single subject is not enough. Content needs to be scaffolded across a degree. Learning opportunities must be available across a degree.</td>
<td>Learning objectives in the area of Indigenous Australian cultural competence need to be clearly scaffolded across a Bachelor of Nursing degree.</td>
</tr>
<tr>
<td>Understand the journey of Indigenous Australian cultural competence is a unique experience for each student.</td>
<td>The journey of Indigenous Australian cultural competence is a unique experience for each student and therefore a range of unique learning opportunities need to be available to support the diversity in learners. Scaffold opportunities through a range of subjects across a degree. Where possible collaborative with Centre/School of Indigenous Australian Studies to ensure content is collaborative and experiences are diverse, representing a reconciliation framework.</td>
</tr>
<tr>
<td>Provide opportunities to connect with curriculum, culture, course tools, peers and Indigenous Australian people. Connection is necessary to embody Indigenous Australian cultural competence. Authentic curriculum is vital to enable connection.</td>
<td>Consider immersive experiences, clinical placements, multimedia resources, reflective experiences on own cultural heritage as well as recognising the learning experiences outside of the classroom as possible ways to connect. Provide multiple opportunities within a curriculum where students feel safe and supported to explore their learning. These opportunities need to be embedded across a curriculum.</td>
</tr>
<tr>
<td>Being uncomfortable is necessary to challenge worldviews.</td>
<td>Consider the teacher presence when embarking on online learning in the area of Indigenous Australian cultural competence. Students need to feel supported and safe in their journey of Indigenous Australian cultural competence.</td>
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<td></td>
<td>Ensure support is readily available for both educators and learners (Jackson, Power, Sherwood &amp; Geia, 2013).</td>
</tr>
<tr>
<td></td>
<td>Make it clear in learning content that discomfort may be felt. However, it is a stimulus for important learning.</td>
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</table>
Consider discomfort when developing learning modalities that are to be implemented within a course. Learning objectives in the area of Indigenous Australian cultural competence need to be clearly scaffolded across a Bachelor of Nursing degree.

**TABLE 9.4 RECOMMENDATIONS FOR NURSING ACCREDITATION BODIES**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>What this means in practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being connected with Indigenous Australian communities embodies the connection with Indigenous Australian cultural competence and is important for the student experience.</td>
<td>Authentic and meaningful relationships are important (Jackson, Power, Sherwood &amp; Geia, 2013). There is still much work to be completed in the area of Indigenous Australian cultural competence. Relationships between Indigenous Australian communities and Schools of Nursing will facilitate connections and relationships to further enhance the learning experiences of both staff and undergraduate nursing students. The collaboration between Schools rather than competition is vital (Virdun, Gray, Sherwood, Power, Phillips, Parker, Jackson, 2013). Heads of Schools have the opportunity to make connections and collaboration is a key focus in their strategic direction.</td>
</tr>
<tr>
<td>Mandate clinical placements and/or immersive experiences that provide opportunities in Indigenous Australian cultural competence.</td>
<td>It was clear in the findings of this research that students connected in a variety of ways. However, the most poignant transformations were when an undergraduate nursing student connected with an Indigenous Australian person. Clinical placements in the area of Indigenous Australian health need to be mandated in a manner that is culturally safe and respectful for both Indigenous Australian communities and Schools of Nursing. This involves meaningful consultation and contributions from Indigenous Australian communities to curriculum design, resources and placement designs. Schools of Nursing require support in developing strategic plans around clinical placements in this important area along with resource support to ensure that communities have a voice and are able to contribute to the development of learning experiences in this area.</td>
</tr>
</tbody>
</table>
Mandate the scaffolding of Indigenous Australian content across a nursing degree. Relying solely on a single subject, does not support the learning journey in Indigenous Australian cultural competence within a regional nursing curriculum. Uneven exposure to content was noted by participants in this research resulting in their active search of unique ways to learn in the area of Indigenous Australian cultural competence. Content and learning objectives need to be scaffolded across a degree beyond a single subject and this needs to be clearly mapped when new courses are undergoing accreditation. It is recommended that the Australian Nursing and Midwifery Accreditation Council (ANMAC) reviews guidelines for accrediting nursing courses to consider the scaffolding of Indigenous Australian cultural competence.

Seek evidence of Indigenous Australian cultural competence within Australian Nursing Schools when accrediting new courses. The journey of staff within Schools of Nursing influences the learning journey of undergraduate nursing students. The journey of Indigenous Australian cultural competence within Schools of Nursing needs to be transparent to students. Content, across a degree, needs to be evidenced through formal accreditation processes. The disconnect between staff and students’ journeys was evident with participants in this research and did impact on learning. The ANMAC should review guidelines for accrediting nursing courses to consider Indigenous Australian cultural competence.

| It is evident this research sought to capture the experiences of undergraduate nursing students and has provided unique findings. This new knowledge on the experiences of undergraduate nursing students has informed a model of learning in the area of Indigenous Australian cultural competence (Figure 8.2). This section will present recommendations for future research and is divided into two key areas: research for nursing education and research for nursing practice. Listed below, these two key areas will raise questions that this research has stimulated. |
Recommendations for the future direction of nursing educational research in the area of Indigenous Australian cultural competence

The following are questions that arise from this research in relation to nursing education in the area of Indigenous Australian cultural competence:

- What are the experiences of undergraduate nursing students in metropolitan-focused courses in the area of Indigenous Australian cultural competence?
- What are the experiences of Indigenous Australian cultural competence across a degree that is delivered face-to-face?
- How can educators assist in the development of advanced metacognition and uncomfortable experiences that promote reflection and learning in the area of Indigenous Australian cultural competence in an online space?
- How can Indigenous Australian communities contribute to the development of Indigenous Australian cultural competence?
- What are the contributions of academics’ journeys in Indigenous Australian cultural competence to the learning experiences of undergraduate nursing students?
- How do we capture the hidden curriculum of Indigenous Australian cultural competence?
- How do we capture the silence in Indigenous Australian cultural competence learning?
Recommendations for the future direction of nursing practice research in the area of Indigenous Australian cultural competence

The following are questions that arise from this research in relation to the direction of nursing practice within Australia in the area of Indigenous Australian cultural competence:

- What are the experiences of Indigenous Australian communities in relation to health professionals’ training in Indigenous Australian cultural competence?
- What is the perceived value in students’ immersive experiences within Indigenous Australian communities – the Indigenous Australian health consumer’s voice?
- Where does Indigenous Australian cultural competence align itself in current Australian transcultural nursing practices?

Limitations of the study

In any research paradigm, one must consider the limitations a study may reveal in order to add to the rigour, trustworthiness and credibility of the findings (see Chapter 3) (Polit & Beck, 2017). In this study, there were four main areas that may be considered limitations: recognising the context behind the findings and its influence on the findings, the nature of the research participants, constructivist findings and my evolving skills as a researcher.
Recognising the context behind the findings and its influence on the findings

This research sought to deeply understand student learning experiences in the area of Indigenous Australian cultural competence. As discussed in Chapter 1, recruitment was targeted at Bachelor of Nursing students at Charles Sturt University, given its regional location. These participants had a unique experience, through their learning, within the context of the Bachelor of Nursing curriculum 2012–2015. It is important that findings within this research are not generalised across all Bachelor of Nursing students, rather, they inform experiences and deep understanding during one particular Bachelor of Nursing degree, over a period of time. Aligning with qualitative research findings (Polit & Beck, 2017), applications of the model of learning experiences (Figure 8.2) will inform nursing educators and curriculum designers in a space where little is known within Australia and, with further research, will add to knowledge around learning Indigenous Australian cultural competence.

The nature of the research participants

It can be concluded that participants within this research were interested in the area of Indigenous Australian cultural competence and were willing to share their learning journey. They had certain attributes (as discussed in Chapter 6) that assisted in their journey, projecting it forward to reach a new viewpoint. Acknowledgment of the silent voice also needs to be considered when critiquing this research. Participation in this project was available to 327 students who were eligible to participate. It is important to note that I
am confident that data saturation did take place with the current number of participants. At the completion of this research, although depth and breadth of the research questions were explored, the silence of the non-participating students is noted. There are many plausible reasons why students may have chosen not to participate, such as the time of year that recruitment took place (e.g. the end of the session) or indeed the fact that I was the subject coordinator and involved in the teaching of the subject. In future research, exploration of student experiences with students that were not committing to go on a journey should be addressed.

Constructivist findings

As discussed in Chapter 3, this research was an interpretive qualitative study that sought to establish a deep understanding of the specific phenomenon, Indigenous Australian cultural competence. Like other qualitative paradigms, the subjectivity involved in constructivist inquiry can be seen as a limitation (Polit & Beck, 2017). The notion of whether replication of this study with another qualitative researcher generating the same findings was not the aim. Instead, my pre conceived ideas were revealed as method, along with my role in the interpretation of participants’ experiences. The methods employed ensured credibility, reliability and trustworthiness and were rigorous – outweighing the limitations perceived by some in the area of generalisability within the framework of qualitative research. Further, research that employs a differing methodological approach may assist in capturing the silent voices this research did not reach.
My evolving skills as a researcher

My skill as a researcher, while rigorous (see Chapter 3), may have limited the research process, inclusive of the research findings. I openly acknowledge that I am a novice researcher learning as each research experience is presented throughout my career.

Conclusion

The aim of the research was to discover and describe in detail the phenomenon of Indigenous Australian cultural competence through the lived experience of a sample of students within a cohort in an undergraduate Bachelor of Nursing degree. This research has revealed unique participant findings through deep understanding of the lived experiences of undergraduate nursing students learning in the area of Indigenous Australian cultural competence. The findings have generated a model of learning (Figure 8.2) that will influence students, nursing educators, curriculum designers and nursing accreditation bodies in providing a landscape for students to connect and search for their truth, thus provoking a change in their worldviews.

Within this research I have also changed, grown and developed. My journey of Indigenous Australian cultural competence has been a parallel journey with the participants of this research. The findings of this research and my development as a researcher have put me in a position of discomfort where critical thought, reflection and connections were at the forefront in my
search for the truth. The helix of our journey has been intertwined as we embrace a position of change.

*I think I am near the beginning* (Jack)
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Thackrah, R., & Scott, K. (Eds.), *Indigenous Australian health and cultures. An introduction for health professionals* (pp. 1-21). NSW, Australia: Pearson Australia


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Appendices

Appendix 1.

30 October 2012

Mrs Jessica Biles
School of Nursing, Midwifery &
Indigenous Health
ALBURY-WODONGA CAMPUS

Dear Mrs Biles,

Thank you for the additional information forwarded in response to a request from the Human Research Ethics Committee (HREC).

The CSU HREC reviews projects in accordance with the National Health and Medical Research Council’s National Statement on Ethical Conduct in Research Involving Humans.

I am pleased to advise that your project entitled “Exploring Learning, Personal Perceptions, And Experiences Of Undergraduate Nursing Students Studying A Cultural Competence Subject: A Phenomenological Study” meets the requirements of the National Statement; and ethical approval for this research is granted for a twelve-month period from 30/10/2012.

The protocol number issued with respect to this project is 2012/176. Please be sure to quote this number when responding to any request made by the Committee.

Please note the following conditions of approval:

- all Consent Forms and Information Sheets are to be printed on Charles Sturt University letterhead. Students should liaise with their Supervisor to arrange to have these documents printed;
- you must notify the Committee immediately in writing should your research differ in any way from that proposed. Forms are available at: http://www.csu.edu.au/_data/assets/word_doc/0010/176833/ehrec_annrep.doc
- you must notify the Committee immediately if any serious and or unexpected adverse events or outcomes occur associated with your research, that might affect the participants and therefore ethical acceptability of the project. An Adverse Incident form is available from the website as above;
- amendments to the research design must be reviewed and approved by the Human Research Ethics Committee before commencement. Forms are available at the website above;

Version 3

www.csu.edu.au

CRICOS Provider Numbers for Charles Sturt University are 00006F (NSW), 019470 (VIC) and 000003 (ACT). ABN: 63 878 798 851

FIA
• if an extension of the approval period is required, a request must be submitted to the Human Research Ethics Committee. Forms are available at the website above;
• you are required to complete a Progress Report form, which can be downloaded as above, by 30/10/2013 if your research has not been completed by that date;
• you are required to submit a final report, the form is available from the website above.

YOU ARE REMINDED THAT AN APPROVAL LETTER FROM THE CSU HREC CONSTITUTES ETHICAL APPROVAL ONLY.

If your research involves the use of radiation, biological materials, chemicals or animals a separate approval is required from the appropriate University Committee.

The Committee wishes you well in your research and please do not hesitate to contact the Executive Officer on telephone (02) 6338 4628 or email ethics@csu.edu.au if you have any enquiries.

Yours sincerely

Julie Hicks  
Executive Officer  
Human Research Ethics Committee  
Direct Telephone: (02) 6338 4628  
Email: ethics@csu.edu.au  
Cc: Dr Clare Wibling Dr Maree Berouth
Appendix 2. Approval to use a Paid Editorial Service

That is fine Jessica,

Also you will need to ensure it is acknowledged in the thesis as well.

Regards,

Gethin

Associate Professor Gethin Thomas
Director, Research Office, Charles Sturt University

Dear Gethin

I am currently an enrolled HDR student within the Faculty of Science. As per the CSU “Finalising your thesis document” I am writing to obtain approval to use a paid editorial service. This service will be limited to the review and comment on formatting, grammar and style of my thesis according to the Australian Standard for Editing Practice ASEP Standard D – Language and Illustrations, ASEP Standard E- Completeness and consistent.

Please feel free to contact me if further information is required.

Thanks Gethin

Kind regards

Jessica

Jessica Biles
Lecturer, Honours Coordinator | Faculty of Science
Charles Sturt University
P.O Box 789
Albury, NSW 2640
Australia
Appendix 3. Example of Short Cameo Sample

Mary

I am Mary, in my early twenties. I migrated from Europe when I was 16 and have really enjoyed getting to know and understand another culture. I am still on this journey and learning every day. My English has improved remarkably and I am really pleased by this. I enjoy being able to speak two languages fluently. I have heard a lot about Aboriginal people particularly when I first came to Australia. I heard lots of negative things and poor connotations mainly from media coverage and little remarks that people have made in conversation. I finally met a girl when I was 18 who were Aboriginal and we became best friend. I really do not understand racism and difference. The values of acceptance and treating everyone how we would like to be treated that came from my family are important. I really wanted to embrace Aboriginal culture in NRS194 so applied to go to a remote town for my placement. I have learnt so much but also witnessed lots of interesting behaviours from other health professionals. I think our role in nursing is about advocacy and equality. I have a vision of the type of nurse I would like to be. I now have a platform to stand on. I am starting to hear and understand things even though I am still a little bit scared of offending others.

Joshua

I am in my late twenties and this is the second time I have completed NRS194. The first time I did not get along with the lecturers and
could not see the point of completing the subject. This time it is different. I have had lots of discussions with a few of my lecturers and now really see the importance. I have had a difficult life at times. My Mum was not around much when I was younger and I was left to my own devices. I got into a lot of trouble growing up and drank underage. It was the local Aboriginal elders that looked after me and provided me comfort when I was intoxicated. I am very thankful and still am. I am struggling again at the minute identifying as gay. This has led to lots of anxiety and depression. At times I wish I was Aboriginal, they seem so accepting of their family. I want to be accepted by my family and feel cared for. I think I might go into Aboriginal nursing then I might become part of the family like I did when I was younger. I don’t get why we have to treat people differently; after all we are all human.....

Kara

I identify as Aboriginal however don’t like to tell many people. I have learnt a lot about my identity while completing this subject. It has made me think about my Dad and the struggles he had when he was younger with racism. He really does not like to talk about it but he has answered a few of my questions while I am studying this subject. Dad’s family are so different to mine. It was easier when we were kids and we just played. Now some of my cousins are in juvenile justice and have had a very different life from my sister and me. It saddens me when I think about how different things are. Mum is a nurse and was the bread winner in our family. We were able to
afford things. Dad’s family have not been able to afford things like good schooling. My sister does not identify as Aboriginal; I have never been shy about it. I am proud but also a little bit afraid of the consequences of identifying. I get confused at times about who I am. I am obviously white and my cousins are all dark. We have had different lives and look different but are all still Aboriginal. Where do I fit in this? I read this article on the stolen generation while studying NRS194 and I was really upset that it was made available to student’s especially Aboriginal students. It was discussing that the stolen generation did not exist. I am unsure why I got so upset but I did. This subject has made me think more about myself and my own cultural competence. I am unsure of where I am at in understating my culture and where I am heading but I liked the links this subject has given me with my Dad.
Appendix 4. Indigenous Culture, Health and Nursing
NRS194 Subject Profile

CHARLES STURT UNIVERSITY

SUBJECT PROFILE

Indigenous Culture, Health and Nursing

1. Subject code

NRS194

2. Subject Title

Indigenous Culture, Health and Nursing

3. Point value

8

4. Duration of Subject

One Session

5. Prerequisites

Nil

6. Abstract

The Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009’, issued by the Australian Health Ministers’ Advisory
Council states, "The Cultural Framework is not another tool for building cross-cultural competency. It is an overarching framework that recognises that a concerted effort across a number of dimensions is required to systematically lift the cultural competency of mainstream health services (Professionals)". This subject therefore aims to develop understanding of the historical and cultural backgrounds and the associated implications for the health and wellbeing of Aboriginal and Torres Strait Islander people living in contemporary Australia. Consideration will also be given to culturally appropriate communication strategies and health care behaviours that increase the capacity of nurse clinicians to work with Aboriginal and Torres Strait Islander people across the lifespan in various health care settings. Students will be required to undertake an 80 hour clinical placement in a primary health care setting which may include Aboriginal medical service, community health, NSW Outback Division of General Health.

7. Clinical Component

Students undertaking this subject will undertake 80 hours clinical nursing practice in a variety of Indigenous health care settings: community, residential, seniors, Aboriginal medical services, primary health care services and hospital settings in a supernumerary capacity under the supervision of a registered nurse.

8. Objectives

Upon successful completion of this subject, students will be able to:
1. Outline and apply the principles of the Cultural Respect Framework in a variety of nursing and health care settings.

2. Demonstrate an understanding of reflective practice within the context of Indigenous health and nursing.

3. Explore and evaluate personal values and beliefs through reflective practice about their own culture and about Indigenous Australian culture.

4. Discuss historical and cultural backgrounds of Aboriginal and Torres Strait Islander peoples.

5. Examine legislation, policies and practices that have impacted on the identity, culture and health of Aboriginal and Torres Strait Islander peoples.

6. Articulate relationships between historical, cultural, legislative, policy and practice factors that affect the health and wellbeing of Aboriginal and Torres Strait Islander peoples and implications for nursing and health care provision.

7. Discuss and analyse the range of health care services utilised by Aboriginal and Torres Strait Islander peoples.

8. Discuss the role of nurses and other health care professionals in designing and implementing health care activities that will improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

9. Describe culturally sensitive communication strategies and behaviours that increase the capacity of nurses to work with Aboriginal and Torres Strait Islander peoples in primary, secondary and tertiary health care settings.
10. Explore collaborative models of health care in rural and remote area nursing.

9. Syllabus

The subject will cover the following topics:

1. Cultural Respect Framework
   
   (a) Stereotypes, images, myths, metaphors and discourse
   (b) Cultural respect
   (c) Cultural safety
   (d) Holistic approach
   (e) Responsive health services
   (f) Community controlled health services:
   (g) Intersectoral planning and development
   (h) Community participation and local planning
   (i) Health promotion
   (j) Community capacity building for health service development

2. Historical and cultural backgrounds of Aboriginal and Torres Strait Islander peoples living in contemporary Australia
   
   (a) Dreaming
   (b) Tribes, languages, kinship
   (c) Family and social relationships, gender
   (d) Body - land - spirit connections and relationships to health, illness and nursing.
3. Legislation, policies and practices and their impacts on the identity, culture, health and mental health of Aboriginal and Torres Strait Islander peoples

(a) Dispossession

(b) Segregation

(c) Assimilation/Integration

(d) Self-determination

(e) Reconciliation

(f) Body – land - spirit connections and relationships to health, illness and nursing.

4. Impacts of history, culture, legislation and policy on the health and social wellbeing of Aboriginal and Torres Strait Islander peoples and implications for nursing and health care provision:

(a) Oppression, disempowerment, marginalisation, isolation and separation and relationship to psychosocial nursing and health:

(i) Anxiety

(ii) Depression

(iii) Self-harm

(iv) Suicidality

(v) Post-traumatic stress disorder

(v) Domestic and community violence
(vi) Substance misuse

(vii) Criminal behaviour

(b) Lifestyle changes and impact on health and well-being

(i) Social determinants of health: housing, employment, education

(ii) Diet and exercise

(iii) Sedentary lifestyle

(iv) Health risk factors: eg. Obesity, diabetes, smoking, cardiovascular disease

(v) Epidemiology: Morbidity, mortality and comorbidity amongst Aboriginal and Torres Strait Islander peoples

(vii) Public health

5. Health care service delivery models: metropolitan, urban, rural and remote

(a) Indigenous understandings of health, well-being and illness

(b) Traditional medicine and health; spiritual healing

(c) Racism/discrimination in health services

(d) Access and barriers to nursing and health services

(e) Primary Health Care Services:
6. Health care service delivery issues

(a) Health policies and implications for nursing and health service provision

(b) Aboriginal and Torres Strait islander health workforce and development: AHW training; Council of Aboriginal and Torres Strait Islander Nurses (CATSIN); Aboriginal Mental Health Workforce

(c) Building Aboriginal health workforce capacity

7. Communication strategies and behaviours that increase capacity of nurses to work with Aboriginal and Torres Strait Islander peoples in various health care settings

(a) Communication

(i) Difference/racism/otherness/discrimination

(ii) Cross cultural communication

(iii) Case based scenarios in nursing and health care

(iii) Respect/reconciliation
(b) Optimising self-responsibility and family/community involvement

(i) Family/community involvement in decision making and care

(ii) Family/community involvement in health care planning and community development

8. Collaborative health care

(a) The primary health care approach

(b) Working together – Two-way medicine

(c) Rural and remote nursing

(d) Indigenous health care: Looking forward

11. Teaching Strategies

Teaching strategies comprise of lectures, tutorials, case based learning activities, self-directed learning activities and the CSU Interact online environment.

Two weeks (80 hours) clinical nursing practice in Indigenous health settings will be undertaken in this subject.
12. Assessment Strategies

Assessment strategies consist of a reflective journal, case studies and an essay.
Appendix 5. Invitation to participate and Information Sheet

SCHOOL OF
COMMUNITY HEALTH

FACULTY OF
SCIENCE

P.O Box 789
Albury NSW
2640
Australia

Tel/Fax: +61
2 6051 9238

Invitation to Participate and Information Sheet

Dear Student,

You are invited to participate in a project titled:

*Exploring learning, personal perceptions, and experiences of undergraduate nursing students studying a cultural competence subject: a phenomenological study*

What is this study about?

Hello, my name is Jessica Biles and I am a PhD student and Lecturer in Nursing at Charles Sturt University. For my PhD studies I am undertaking a project that aims to explore your experiences and perceptions as students who have recently completed the compulsory cultural competency training subject, NRS194 Indigenous Cultures, Health, and Nursing. The focus of the study is about listening to and understanding your experiences and what has influenced your learning about how to work as a nurse with Aboriginal and Torres Strait Islanders.

What does participation involve?

If you would like to participate in this study you will take part in an interview with me that will take approximately 1 - 1.5 hours. During the interview, I will ask you about what you learned in NRS194, what other experiences (for example previous personal experiences or workplace learning experiences) influenced your learning, and any suggestions you have for how this subject could be improved to better assist nursing students to learn about working with Indigenous people. Your interview will be audio-taped for later transcription. If you wish, you can request a copy of the transcript of your interview.
Where will interviews be conducted?

The interviews will be held in a private room (for example my office or a private study room in the learning commons) at Charles Sturt University Albury-Wodonga or Wagga Wagga campuses. Alternatively, you could complete your interview using the Online Meeting facility in CSU Interact or via the telephone. (If you use the telephone option, the cost will be that of a local call, using a 1300 number.) Your interview will be organised for a mutually convenient time. During the interview you can choose not to answer a question, skip a question, take a break, or finish the interview at any time, without penalty.

How will the information be used?

I will transcribe the audio-recording. That is, I will write down the exact words you said during the interview. Then I will read and re-read all the transcripts I have collected so that I improve my understanding of what has influenced your learning and I will compare the interviews and look for common and different ideas and themes. In final reports of the study I will write in detail about these themes and ideas. As part of the requirements of completing my PhD, I need to write a final report of the study as a thesis that will be available in the Charles Sturt University library. I also hope to present the findings of this study in academic journals and at National and International academic conferences.

How will my privacy be protected?

When I report the findings of the study I may provide quotes from your interview to help me illustrate what I have found. To protect your privacy, a made-up name (a pseudonym) will be linked to your story/interview. When re-telling your story and providing quotes, as much as possible, I will leave out details that might identify you as the speaker of a story (for example, I will omit place names and may be deliberately vague about identifying details), however, there is a chance that other people who know you may be able to guess that a particular story or words are yours.

All research material that I collect from you will be stored in either a locked filing cabinet or on a password-protected computer, which will be located in a secure office at Charles Sturt University. Only my research supervisors (listed following) and I will have access to these materials.

Is there a risk in participation?

Participation is voluntary. There is no penalty for non-participation. If you choose to participate, you are free to withdraw from the study at any time. If you choose to withdraw, there will be no penalty or discriminatory treatment. Your decision to
participate or not to participate will have no bearing on your studies for this or future subjects.

**Who are the researchers and how do I contact them?**

The research is being conducted by Jessica Biles, PhD candidate in the School of Community Health, Lecturer in Nursing, School of Nursing, Midwifery and Indigenous Health, Albury-Wodonga Campus, Ph: 02 6051 9799, email: jbiles@csu.edu.au

**Jessica’ supervis\ors are:**

Dr Clare Wilding in the School of Community Health, Albury-Wodonga Campus Ph: 02 6051 9256, email: cwilding@csu.edu.au

Dr Maree Bernoth in the School of Nursing, Midwifery and Indigenous Health, Wagga Wagga Campus, Ph: 02 6933 2492, email: mabernoth@csu.edu.au

**What happens now?**

Would you like to participate? If you would like to participate please contact me on jbiles@csu.edu.au or 02 6051 9799 and we will organise a mutually agreeable time for an interview. If you have any further questions or concerns please contact me or one of my supervisors.

Thank you and Kind Regards,

Jessica Biles

**NOTE:** Charles Sturt University’s Human Research Ethics Committee (HREC) has approved this project. If you have any complaints or reservations about the ethical conduct of this project, you may contact the Committee via: The Executive Officer, HREC Office of Academic Governance, Charles Sturt University, Panorama Avenue, Bathurst, NSW, 2795. Telephone : (02)63384628Fax: (02)63384194, Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.
Appendix 6. Student Consent Form

STUDENT PARTICIPANT CONSENT FORM

Undergraduate nursing education and Indigenous Australians cultural competence: the lived experience of students

In signing this consent form I acknowledge that:

- I agree to participate in this study. The purpose of the research has been explained to me. I have read and understood the information sheet and have had questions answered to my satisfaction.
- I will participate in an audio-taped face-to-face or telephone interview. If I choose, I can review a written transcript of my interview.
- I understand that any of my personal details gathered in the course of this research are confidential and that neither my name nor any other identifying information will be used or published without my written permission.
- I am free to withdraw at any point and if I do there will be no penalty or discriminatory treatment.
- The research is being conducted by Jessica Biles, Ph.D candidate in the School of Community Health, Lecturer in Nursing, School of Nursing, Midwifery and Indigenous Health, Albury-Wodonga Campus, Ph: 0260519799, email: jbiles@csu.edu.au, under the supervision of Professor Julia Coyle in the School of Community Health, Albury-Wodonga Campus Ph: 0260519323, email: jcoyle@csu.edu.au, Dr Maree Bernoth in the School of Nursing, Midwifery and Indigenous Health, Wagga Wagga Campus, Ph: 0269332492, email: mabernoth@csu.edu.au, Dr Barbara Hill Division of Student Learning Ph: (02) 633 84873, email: bahill@csu.edu.au and Associate Professor Wendy Nolan, Centre for Indigenous Studies, Dubbo Campus Ph: (02) 68857345 email: wnolan@csu.edu.au

Name: .................................................. Signature
.......................................................... Date ........................................

Researcher:   Jessica Biles   Signature
.......................................................... Date ........................................

NOTE: Charles Sturt University’s Human Research Ethics Committee (HREC) has approved this project. If you have any complaints or reservations about the ethical conduct of this project, you may contact the Committee via: The Executive Officer, HREC Office of Academic Governance, Charles Sturt University, Panorama Avenue, Bathurst, NSW, 2795. Telephone:(02)63384628Fax:(02)63384194, Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.
Appendix 7. Semi-Structured Interview Template

Semi-Structured Interviews

Exploring learning, personal perceptions, and experiences of undergraduate nursing students studying a cultural competence subject: a phenomenological experience.

Phase 1
Recent experiences

Did you participate in the online modules in NRS194? If so, what was your personal experience in completing the tasks and exploring Cassie’s story?

What was your experience in participating in the chat room sessions in NRS194?

Think about clinical placement and tell me something great or challenging that happened

What was happening personally during placement that may have influenced your experience while studying NRS194 or attending clinical placement?

Did your experiences change or modify your personal view or professional interest of Indigenous Australians?

Where there any critical incidents during your study of NRS194?
(A critical incident is determined by the participant, not the researcher)

Past experiences

Please tell me about any contact you had with Indigenous Australians prior to enrolling in NRS194

(If the person did not have contact of Indigenous Australians in the past, he/she will be asked :) What had you heard about the health needs of Indigenous Australians prior to enrolling in NRS194?

Future experiences

Do you think you experience in NRS194 will assist you in your future practice as a nurse?
How will they/why not?
Please tell me five things that you remember about Indigenous culture and healthcare?

**Phase 2 semi-structured interview guide**

Tell me about what have you learned about cultural competence in your second year of study in the Bachelor of nursing program?

What does cultural competence mean for you at this point in time?

How do you see cultural competence in your nursing practise?

Where do you feel comfortable discussing your journey in cultural competence in nursing?

How do you feel about the Stolen Generations?

How do these feelings influence your nursing practise?

What place does cultural competence have in nursing education?

How are you continuing to develop cultural competence?

**Phase 3 semi-structured interview guide**

Think back to NRS194 and tell me about your experiences in this subject.

What does cultural competence mean for you now?

Has this meaning changed across the course of a degree?

Describe some pivotal moments in your journey of cultural competence across your degree.

Describe where you were when these moments occurred.

Describe how your journey of cultural competence has or has not changed your nursing practises?

How are you continuing to develop cultural competence?
Appendix 8. Use of whiteboard, spaces in the development of the model
Appendix 9. Reflective Research Journal

Racism
Learning so much and the links with Fourier and unbelievable aspects by linkage with nature.
Racism was bound to be a problem in Australia with past histories. Need to look at British history and racism. Police stemmed from somewhere??

In completing it knew
Wells model is the only model that looks at development.
Think about linking data/lived experiences to Wells model to display in thesis.

17 Data analysis — in reviewing data again very surprised at language (talking) that I had not noticed in the past. Wonder why?? Perhaps my personal growth or looking at data through a different lens.
Appendix 10. Screen capture of node in preliminary phase of construct development
Appendix 11. Peer Reviewed publications related to the research


