Australian Indigenous Cultural competence and nursing

Jessica Biles
RN MHS(Ed), Phd Candidate
Lecturer
School of Nursing, Midwifery and Indigenous Health
Charles Sturt University
Albury Campus
Australia

Abstract

As a strategy for improving culturally safe nursing practice, cultural competency training is increasingly being embraced within undergraduate nursing education. It has been suggested that culturally safe practise, one element of cultural competence, may lessen the health care gap experienced by Indigenous Australians. This project aims to better understand how a cultural competency training subject, NRS194 Indigenous Cultures, Health and Nursing, offered in the Bachelor of Nursing at Charles Sturt University (in New South Wales) is experienced by the students who study this subject, and how these students' experiences may impact their development of cultural competency.

The participants of this study are undergraduate students who have completed a subject titled NRS194 Indigenous Cultures, Health and Nursing in session 2 of 2012. The qualitative research method of phenomenology was used to explore students’ experiences, perceptions, and learning about cultural competency. How students learn about cultural competence within undergraduate nursing was examined with the aim of illuminating the development of cultural competence in an undergraduate nursing degree. This paper is presenting the outline of phase 1 of a three phase research project.

Synopsis of literature

What is and what are the benefits of cultural competence?

The term “cultural competence” was first established in the United States and applied through nursing academia via Leninger. Cultural competence has been embedded as a major facet of trans cultural learning from the 1970’s (Nash, Meiklejohn, & Sacre, 2006). Many scholars consider that cultural competence is an essential component of the curricula for health professions and is consistent of cultural awareness, cultural safety and cultural respect (Brach, & Fraser, 2000; Carpenter, Field, & Barnes, 2002; Downing & Kowal, 2010; Gunstone, 2004; Nash, et al., 2006; Sargent, Sedlak, & Martsolf, 2005; Stewart, 2006). Cultural competence has the potential to promote more effective and meaningful pathways towards self determination for all Indigenous people and therefore is evident and a very important aspect of undergraduate nursing curricula (Ganguly, 1999).

Cultural competence includes knowledge of cultural awareness, cultural safety, and cultural respect (Ranzijn, Keith, McConnachie, & Nolan 2012). As there is clearly a gap between the health status of Indigenous and non-Indigenous Australians, health care providers need to find ways in which to lessen this gap; health care provision that is culturally safe and appropriate is considered to be one means by which health status gaps may be lessened (Spencer, 2008). The Indigenous Higher Education Advisory Council has defined cultural competence in the Australian context as “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” (Report of IHEAC Annual Conference 2007, p5). Cultural competence requires individuals to understand their own culture prior to embarking on a journey of understanding in another culture.

Cultural competence can be learned by undertaking cultural competency training (Ranzijn, McConnochie, Day, Nolan & Wharton, 2008). Cultural competency training has been embraced by a large number of universities internationally, covering a wide range of courses and faculties (Adams, 2010; Anderson, 2011). The current health status of Indigenous Australians places a huge importance on the successful delivery of cultural competence courses (Nash, et al., 2006). In Canada, the United States, and New Zealand, there is some evidence that suggests that cultural competence courses are improving the health care provided for Indigenous populations (Anderson, 2011; Jones, 2011; Paul, 2011). However, this evidence and surrounding factors influencing learning are lacking from the Australian context.

The linkages between cultural competence and health outcomes for Indigenous Australians has been deemed as requiring a sense of control by Indigenous populations over their lives and hospital staff understanding culture to ensure best health practise are maintained; indicating that currently the health system does not treat all clients in the same manner and that the current health culture is delaying treatment and access of health services to Indigenous clients (Chong, 2011). The Social Justice Report of 2005 highlights the impact of racism not only at an individual level but in health policy delivery not supporting Indigenous Australians through health policy framework.

In a report conducted by the United Nations the issues of racism and discrimination were highlighted as significant barriers for Indigenous peoples to combat while accessing healthcare (Secretariat of Permanent Forum on Indigenous Issues, 2010). Nurses have been seen as an integral link to improving the health “gap” in mortality, morbidity and health service consistency. Extended skills and knowledge on rural and remote nursing as a speciality has been considered both key objectives to achieving cultural competence (McConnell, 2011).

Educational perspectives

The importance of cultural competency training in the Australian context is highlighted in the Ampe Akelyername Meke Mekarle “Little Children are Sacred Report” (2007) report, which noted that cultural competency training ought to be undertaken by all health professionals. 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) as needing to be mandated in all health related courses. Many scholars consider that cultural competence is an essential component of the curricula for health professions (Carpenter, Field & Barnes, 2002; Downing & Kowal, 2010; Gunstone, 2004; Nash, et al., 2006; Sargent, Sedlak, & Martsolf, 2005; Stewart, 2006). Professional organisations in nursing within Australia have also asserted 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 health care service provision to Indigenous Australians, which in turn is
proposed to improve the health of Indigenous Australians (Arthur et al., 2005). Cultural competence training has been proven to reduce racism and thus improve health care experiences of clients (Bean, 2008).

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 (Chapter 3.2 p. xxvi).

This was further supported by the Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People: Final Report (Behrendt et al, 2012) as needing to be mandated in all health related courses. Some scholars have argued that competence in cultural is something that occurs over a lifetime and current course embed in tertiary level curricula should be referred to as being a step in cultural literacy (Anderson, 2011)

**Gaps in Literature**

Even though there are many cultural competency training programs, the efficacy of these programs for increasing cultural competence and improving the health of Indigenous Australians remains largely untested. In Canada, the United States, and New Zealand, there is some evidence that suggests that cultural competence courses are improving the health care provided for Indigenous populations (Anderson, 2011; Jones, 2011; Paul, 2011). However, this evidence is lacking for the Australian context. 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. It is anticipated that this research will provide insight into students’ learning, perceptions, experiences and development which will inform nurse educators to better understand ways that students learn about culture within cultural competence subjects.

**Research question and aims**

**Research Question for phase 1 of research project**

What are the experiences of undergraduate nursing students studying a cultural competence subject? How do these experiences contribute to the students’ learning about cultural competence and their perceptions of Indigenous Australians?

The aim of the research is to discover and describe in detail the factors that influence students’ learning and development of cultural competence. It is anticipated that a better understanding of these factors may assist nursing academic staff to improve cultural competency training subjects so that they 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.

**Research design**

As the purpose of this study is to explore and discover factors that are currently unknown, a qualitative research design will be utilised. In particular, the framework of interpretive
phenomenology will be used for this study. Interpretive phenomenology enables a researcher to gain insight into person-world relationships (van Manen, 2007). The purpose of interpretive phenomenology is to highlight everyday experiences and gain deeper meaning by examining these ordinary situations (van Manen, 2007).

**Methods**

**Sampling and Recruitment**

Purposive sampling was used to recruit students who were and have completed the subject *NRS194 Indigenous Cultures, Health and Nursing* within the Bachelor of nursing undergraduate degree. The purpose of this project is to understand nursing students’ experiences of completing a cultural competence subject and how this influences their development of cultural competence; therefore, it is important that the students have experience of the phenomenon that is under investigation.

**Data collection**

Data was collected by conducting face-to-face and telephone interviews. Interviews are the usual means of collecting data when undertaking interpretive phenomenology (Caelli, 2001; Van Manen, 2007; Finlay, 2011). Interviews will enable the collection of rich, in-depth data that is appropriate to this type of research design (Finlay, 2011). An in depth interview provides an opportunity for participants to provide a full and detailed account and the researcher has the opportunity to probe for detail about areas that relate to the research question (as recommended by Finlay, 2011). This will be one phase of data collection within a 3 phase project that seeks to gain understanding about the lived experiences of nurses development in Indigenous Australians cultural competence.

**Data analysis**

The process of analysis was guided by techniques described by Finlay (2011) and van Manen (1990). The main tool of analysis is engagement: during engagement, a researcher spends time dwelling upon and immersing herself in the raw data (Finlay, 2011). During this phase the researcher will aim to “empathize” with the data (Finlay, 2011, p229) by lingering over selected passages and chunks of data until the researcher begins to ascertain certain aspects of the unique experiences of the participant. Next, the researcher takes a step back from the data and begins to think about the participants’ real life experiences with real interest and an attitude of wonder; the researcher considers participants’ experiences with awe, focused reflection, or curiosity (Finlay, 2011).

Trustworthiness will be addressed through utilising the strategies of collaborative analysis, reflexivity, and adopting a systematic approach to analysing data, as recommended by van Manen (1990) and Finlay (2011). Collaborative analysis, a process described by van Manen (1990, p100), will be achieved through discussion of the data with the supervisors of this study. Reflexivity will be encouraged by the researcher keeping a reflective journal and interview notes after the completion of each interview.

*I would like to acknowledge the contribution of Professor Julia Coyle and Dr Maree Bernoth in the development of this piece of writing.*

**Questions for Audience Discussion**

1. Is cultural competence and critical reflexivity a 1st year skill?
2. Is cultural competence appropriate to teach as a single subject or embraced in a curriculum?

3. How do we enhance the development of cultural competence in particular, during the students 1st year of study?

References


