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Exploration of nursing degree students' content expectations of a dedicated Indigenous health unit



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Received 21 April 2015; received in revised form 5 June 2015; accepted 10 June 2015

KEYWORDS

Nursing student;
Aboriginal and Torres
Strait Islander
population;
Content analysis;
Cultural competence;
Practice readiness

Summary Mandatory Aboriginal and Torres Strait Islander health units are included in all nursing education programmes in Australia to improve students' knowledge, skills and attitudes towards Indigenous people in order to help address health inequities. This research explores content expectations of nursing students required to undertake Aboriginal and Torres Strait Islander health studies as part of a Bachelor of Nursing Degree at a rural university campus.

A cross-sectional survey was undertaken to examine students' opinions of course content of an Aboriginal health and wellbeing unit. Two hundred and ninety-four students across the three years of the degree were asked to complete the anonymous survey. Two hundred and forty-six students (83.6%) completed the survey. One hundred and thirty-nine students had completed, and 107 students were yet to undertake the unit. Qualitative content analysis of an open-ended survey question was used to interrogate the data.

Four themes emerged from the data: cultural competence, disease implications and management, nursing care and other issues. Content expectations were consistent for students who

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were yet to undertake (pre) or had completed (post) the unit. Content expectations included Aboriginal and Torres Strait Islander culture (pre 30.4%—post 29.8%), Aboriginal and Torres Strait Islander health issues (pre 20.0%—post 23.7%) and understanding nursing care related issues (pre 15.7%—post 17.1%). Data findings were significant for enhancing the current unit. Students express the need for a safe learning environment in which to challenge beliefs and opinions. Course facilitators need to be sensitive to student populations and include content relevant to the programme being studied. Cultural immersion experiences may improve confidence in nursing Aboriginal and Torres Strait Islander people.

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1. Introduction

Differences in health outcomes between Indigenous and non-Indigenous people have been recognised as an issue by many countries (Biddle, 2012; Gracey & King, 2009). Indigenous communities have higher mortality rates and significantly higher proportion of disability associated with greater rates of progressive and chronic diseases (Biles & Biles, 2011; Sinclair, Williams, Knight, & Auret, 2014). Reasons for these health disparities of Indigenous people worldwide have been linked to 'genetic vulnerability, socio-economic disadvantage, resource alienation and political oppression' (Durie, 2003, p. 510). Due to these health disparities the Australian government has developed strategies to improve Aboriginal and Torres Strait Islander health outcomes. The current policy is included in the 'closing the gap' agreement 2008 (Council of Australian Governments, 2008) which focuses on improving Aboriginal and Torres Strait Islander health outcomes, and reducing the gap in life expectancy (National Rural Health Alliance, 2010). Improvement in Indigenous health requires health services to be 'culturally safe, responsive, and congruent with culture care values, beliefs and practices of Indigenous people' (Meiklejohn, Nash, & Sacre, 2006, p. 296). Along with health policies, accreditation policies for all Australian nursing programmes require students undertake mandatory dedicated units on Aboriginal and Torres Strait Islander health (Australian Nursing and Midwifery Accreditation Council, 2012). Specialised Indigenous health units have been demonstrated to improve students' knowledge, skills and attitudes related to Indigenous health and thereby help to address health inequities (Pedersen & Barlow, 2008; Ranzijn, McConnochie, Day, Nolan, & Wharton, 2008).

The term Indigenous has been used throughout the paper in reference to international literature on Indigenous people (Biddle, 2012; Gracey & King, 2009; Sinclair et al., 2014). Aboriginal and Torres Strait Islander people is the terminology used in specific reference to the first people of Australia, as it is the accepted terminology used by the Australian Nursing and Midwifery Accreditation Council Guidelines for nursing accreditation (ANMAC, n.d.).

A mandatory Aboriginal and Torres Strait Islander health unit has been part of a nursing degree curriculum at a rural university campus for the past six years. The unit, taught by Aboriginal and non-Aboriginal teachers, focuses on Australian Aboriginal and Torres Strait Islander history, the current health status of Aboriginal and Torres Strait Islander people, social determinants of Indigenous health, cultural safety, and community controlled health services. This paper

reports on the results of content analysis performed on an open-ended question from a survey of nursing students to determine if the unit met the expected needs of students in caring for Aboriginal and Torres Strait Islander people. Responses were used to ascertain student expectations of the unit and content taught, comparing students who had completed and those yet to complete the unit.

2. Method

Data were collected as part of a larger study via an anonymous survey. Ethical approval was obtained from XXX University Human Research Ethics Committee (Approval number: CF12/3401–2012001629). The survey was distributed to 294 students in various stages of the three-year nursing degree by a laboratory technician during the first week of the first semester of the year at the beginning of all clinical laboratory classes. Members of the research team were not present during questionnaire distribution or collection. One hundred and eight students had previously completed, and 136 were yet to undertake the Aboriginal and Torres Strait Islander unit. Completed surveys were placed by students into a sealed box at the front of the class. The survey included an open-ended question 'What do you think should be the most important components of the Aboriginal Health and wellbeing unit?'. The question was designed to elicit students' perceptions of the unit content. The questionnaire was reviewed by five experienced academics and one student to ensure it was clear and appropriate. Feedback from reviewers enabled refinement of the question to ensure clarity of wording and that the question reflected the aim of the study. The open-ended question contained substantial rich data that is reported in this paper. The paper was compiled by five women and one man. One author was Aboriginal and one was of Indian origin while four were white Australians. This places the demographic represented by the authors in line with the demographic of the majority of students who undertake training as nurses in Australia, being that the majority of nursing graduates are non-Indigenous females.

Content analysis was utilised to analyse the open-ended question. This is a technique of coding written words into categories to enable open-ended question responses to be studied and enable meaning to be deduced from respondents' comments (Chambers & Chiang, 2012; Hsieh & Shannon, 2005). Key words were colour coded as responses were read to identify key points expressed by participants and ascertain common features amongst responses. The number of codes identified was higher than the number of

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