



Predictors of negative attitudes toward Indigenous Australians and a unit of study among undergraduate nursing students: A mixed-methods study



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ABSTRACT

Indigenous people are the most disadvantaged population within Australia. The Bachelor of Nursing program at a large university in Western Sydney embedded Indigenous health into the undergraduate teaching program. This paper reviews the negative responses received towards course content on evaluation of the Indigenous health unit and explores the predictors for the negative attitudes towards Indigenous Australians. Two surveys were used (baseline and follow-up) to: 1. Determine the main predictors for negative attitudes towards Indigenous people and; 2. Explore students' perceptions of the educational quality of the Indigenous health unit. The surveys allowed collection of socio-demographic, academic data and included the 18 item 'Attitude Toward Indigenous Australians' (ATIA) scale and open-ended responses. Students who were: 1. Overseas born, 2. Enrolment category: International student and; 3. Whose primary source of information about Indigenous Australians were the media and school were significantly more likely to have higher negative attitudes towards Indigenous Australians. Qualitative data revealed some unfavourable comments dismissing the value and educational quality of the content within the Indigenous health unit. Community engagement is paramount to enhancing the student experience. Movement away from media driven 'hype' to an educated perspective is necessary to create an accurate portrayal of the Indigenous community.

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Introduction

Australian Indigenous men die 10.6 years earlier (69.1 years) and Australian Indigenous women 9.5 years earlier (73.7 years) than non-Indigenous Australians (Australian Bureau of Statistics [ABS], 2013). Disconcertingly, babies born to Indigenous women are twice as likely to die, within the first year, than the non-Indigenous community (ABS, 2011). The disparities between the Indigenous and non-Indigenous community are significant; foremost in health with higher rates of preventable illnesses and limited access to essential primary healthcare services (The Close the Gap Campaign Steering Committee, 2014). In 2009 a report from the United Nations ranked Australia alongside Nepal, a third world country, as having the greatest gap in life expectancy between Indigenous and non-Indigenous peoples (United Nations, 2009). With figures

released by the United Nations Human Development Index ranking Australia as one of the most prosperous countries in the world in terms of life expectancy and living conditions (United Nations Development Programme, 2014), why then does the life expectancy for Australia's Indigenous community remain at least 10 years lower than that of the non-Indigenous community?

While there has been a concerted effort to improve the health of Indigenous Australians, progress has been slow (Australian Human Rights Commission, 2014). One such initiative, the 'Close the Gap' campaign, a comprehensive national strategy involving the collaboration of multiple stakeholders (signed agreement in March 2008) aims to reduce infant mortality rates and reduce the life expectancy gap between Indigenous and non-Indigenous Australians to achieve health equality by 2030 (Australian Human Rights Commission, 2014). To achieve health equality significant work still needs to be done and this requires a committed, collaborative and inter-professional approach to care (Thoms, 2014) and a strong partnership between mainstream and Aboriginal health services (Liaw et al., 2011).

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Health professionals have a vital role in working collaboratively with stakeholders to close the gap in health service delivery and improve health education for Indigenous people and communities (Thoms, 2014). For tertiary education institutions ensuring prospective health professionals, particularly nurses, have a solid foundation, respect and awareness of the Indigenous health issues and healthcare needs is paramount for the development of a positive culture of caring that promotes cultural competence, security and respect.

Background

Racial prejudice and discrimination towards Indigenous Australians persists in Australian society, with research suggestive that these attitudes are reflective of Australia's history (i.e. arrival of the British in 1788, proclamation that Australia was terra nullius and the White Australia Policy) (Whyte and McDonald, 2014). This has covertly imprinted a national identity that marginalises groups, particularly Asian Australians, Muslims and Indigenous people who become targets of prejudice and discrimination (Dunn, 2003), thus devaluing the rich cultural diversity of the country (Ang et al., 2002).

An Australian is still portrayed stereotypically, particularly by the media, by images of the 'white', 'blonde hair', 'blue-eyed', 'laid back', 'surfie' (Butcher and Thomas, 2001) at times alienating those that do not fit the mould. Stereotypical misconceptions and 'false beliefs', endorse the negative attitudes and prejudice and this is a particular concern for Indigenous Australians (Pedersen et al., 2000) where the health inequalities experienced by Indigenous Australians are grave (Paradies, 2006) and require immediate attention (Calma, 2009). Key stereotypes that perpetuate about Indigenous people that lead to negative ideals and attitudes include namely; receipt of 'special privileges' (Pedersen et al., 2006), welfare dependency, failure to assimilate (Dunn, 2003), alcohol, substance abuse and addiction, lack of personal responsibility (Reconciliation Australia, 2012) and crime (Gerrett-Magee, 2006).

A large survey of both the general and Indigenous community identified that 70% of non-Indigenous people recognised they hold 'fairly high' to 'very high' levels of prejudice, explaining that these attitudes have been shaped by personal experiences (36%), media (35%), school education and research (17%). More than half of the surveyed non-Indigenous Australians also accepted that they had limited understanding of Indigenous history and culture (Reconciliation Australia, 2012).

Negative attitudes and unease towards Indigenous Australians, can be rectified by having greater awareness, knowledge and education on the issues (Durey, 2010; Goold and Usher, 2006; Pedersen and Barlow, 2008). The School of Nursing and Midwifery, at a large university in Greater Western Sydney, embedded a core unit on Indigenous health and healthcare in response to the need to ensure graduating nurses have respect and an appreciation of Indigenous history, culture and how this shapes Indigenous health issues. Understanding the importance of cultural competence (Campinha-Bacote, 2011) and transcultural nursing (Leininger and McFarland, 2006) cannot be underestimated. Nurses require the knowledge and skills to work effectively within the cultural context of the person, and inner circle (i.e. their family and community members) and view the patient as unique (Campinha-Bacote, 2011). This is at the core to the provision of culturally sensitive care to an Indigenous person/s in practice.

A paper by the same authors (Hunt et al., 2015) reviewed student's perceptions of Indigenous people and whether the course and learning and teaching strategies implemented in this unit improved students' learning outcomes and attitude towards Indigenous people and Indigenous health in Australia. This paper

though aims to understand the antecedents of negative attitudes, among the same group of 2nd year Bachelor of Nursing students, by reviewing the negative responses that were received towards course content and exploring the predictors for this negativity.

Research design

A mixed methods design (Creswell and Plano Clark, 2011) was adopted to: 1) determine the main predictors of negative attitudes towards Indigenous peoples and; 2) explore perceptions of the Indigenous health unit among a group of Bachelor of Nursing (BN) students. Students completed baseline and follow-up surveys (with open ended responses). The surveys allowed collection of socio-demographic, academic data and included the 18 item 'Attitude Toward Indigenous Australians' (ATIA) scale. This scale was used to measure negative attitudes. This paper reviews findings from both the baseline survey and the open-ended responses from the follow-up survey. It should be noted that this paper only reviews the negative open-ended responses received from students towards Indigenous peoples and the educational quality of the unit of study.

Study context and participants

The study was undertaken at a large university in Greater Western Sydney, New South Wales, Australia between March and June 2013. The Bachelor of Nursing course is a three year full-time programme of study with a combination of theoretical and practical-based clinical units. In 2013, a specific unit of study focusing on Indigenous health and healthcare issues was a core subject for 2nd year nursing students to enhance knowledge and improve attitudes towards Indigenous people and Indigenous health care issues in Australia.

A total of 944 students were enrolled in the unit, 502 (53.2%) completed the baseline survey data of which there were 467 (93%) surveys with completed dataset for the ATIA scale. This scale that contains 12 positively-worded and 6 negatively-worded items, uses a 7-point Likert scale asking respondents to indicate the extent to which they agree or disagree with each of the 18 statements, such as: 'Indigenous people have no regard for their own or anybody else's property' (Pedersen et al., 2004). The demographic profile of these students indicated that 392 (84%) were female and 75 (16%) were male and the mean age of the sample was 27.32 years. By type of enrolment, 359 (77%) were domestic students and 108 (23%) were international students. Of the domestic students, over half (51%) were Australian born.

From the open-ended responses received in the follow-up survey there were 65 specific negative responses that highlighted a negative attitude towards the educational quality of the unit.

Data collection

Students who were enrolled in this unit of study were invited to complete surveys. The baseline survey related to their knowledge of Indigenous issues, the source/s of this information, work experiences and included the ATIA scale. Students were fully informed of the study's aims and purpose, and right to withdraw without penalty. Those who consented and completed the baseline survey were asked to record their name and student identification number so that baseline surveys could be matched with the follow-up surveys administered at the completion of the unit of study. The follow-up survey included open-ended questions related to the relevance and benefits of the unit and specifically asked about the value of the unit: *Do you think this unit is valuable to nursing?*

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