Rising to the challenge of our time: better health and wellbeing for our Nation’s First People

Acknowledgement

I begin by acknowledging the Kaurna, and their ancestors, on whose lands this beautiful city of Adelaide sits and on whose ancestral lands we come together for this ceremony, the ACN Oration and Investiture of Fellows ceremony. I thank the Kaurna for their custodianship of these lands over thousands of years and appreciate their generosity in warmly welcoming us to meet here today and for their offer of safe passage.

I am the daughter of a lifelong health worker and advocate, and the granddaughter of a long line of healers. My people are Kalkadoon, desert people, from Far North West of Queensland. I pay my respects to these proud Emu and Sand Goanna kin of mine and I proudly stand before you a product of my people and our country.

In keeping with custom, I acknowledge the elders, past and present, yours as well as mine, and appreciate the work and the guidance they have provided to our communities and our nation.

I also acknowledge the work of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) for their courageous leadership. I especially acknowledge the leadership of the Inaugural Chief Executive Officer of CATSINaM, Dr Sally Goold, who was instrumental in the founding of the Congress, Dr Lowitja O’Donoghue, the Congress’s first Patron, and Janine Mohamed, a Kaurna woman, and current Chief Executive Officer.

To the Australian College of Nursing, Members, Fellows, my nursing colleagues and all of you in this room, who have in some way contributed to the delivery of better health and wellbeing for all Australians, I acknowledge you, and your leadership, courage and persistence and in light of the magnitude of the challenge of delivering better health and wellbeing to our Nation’s First People. I also acknowledge your willingness to stay in the conversation, again and again.
Finally and most importantly, to my First Nation sisters and brothers, I say thank you! Thank you for your patience, understanding and most of all your forbearance as we continue to figure out how to do this better.

Today I am going to talk about the nursing profession rising to a challenge of our time, delivering on better health outcomes for the Nation’s First People, the Aboriginal and Torres Strait Islander people.

The Department of Health’s vision is to deliver better health and wellbeing for all Australians. My Oration is a call for action for the nursing profession to commit to improve the health and wellbeing of our Nation’s First People, as a national nursing priority.

It is well known that Indigenous Australians have higher levels of ill health and mortality than their non-Indigenous counterparts (Paradies, Harris, & Anderson, 2008). Australia’s First People are the most disadvantaged in Australian society; they experience poor health and high mortality. They are more likely to die younger and more likely to experience chronic illnesses such as diabetes, cardiac disease and renal failure (Australian Institute of Health and Welfare (AIHW), 2010). They are also more likely to experience mental illness, and drug and alcohol problems (AIHW, 2010). They are three times more likely to be admitted to hospital than non-Indigenous Australians and experience high rates of risk factors such as smoking, substance misuse, exposure to violence, accidents, lack of exercise and obesity (AIHW, 2009).

The appalling health of Australia’s First People, both Aboriginal and Torres Strait Islanders, is undeniably related to the impact of colonisation (Sinclair, 2004), racism and oppression (Paradies et al, 2008). Indigenous people in this country, as in other countries with a similar history, have been labelled as ‘other’ and blamed for their own poor health (Okolie, 2005). In the process, Indigenous Australians are pathologised as social problems (Okolie, 2005) making it easier to ‘blame’ them for their health problems than to reflect on the real causes (Sherwood, 2009). Make no mistake, labelling as ‘other’ is a process and consequence of colonisation - ill health and disadvantage are the results. This type of thinking has pervaded the culture of health care delivery in Australia and as a result, our First People have continued to have the worst health in the developed world.

While this sounds like a very bleak story, there is enormous hope. Our profession is, and has been, at the forefront of health advancement – here in Australia and around the world. This will be the focus of my Oration today. I will cover four key areas.
The first is to talk about the role of Indigenous knowledge. Specifically, I want to address the unexplored potential that exists for two-way learning and for new and more sophisticated ways of working together. I will use the example of the earlier acknowledgement of the Kaurna people as one example of why Indigenous knowledge is critical in our conversations about better health and wellbeing. I will also talk about the Indigenous knowledge already available to nursing as a result of a much needed and developing Indigenous nursing workforce.

The second point is about the role of leadership in rising to the challenge and transforming the promise of better health and wellbeing for all Australians into a reality for our Nation’s First People.

Thirdly, I will discuss the role of education and competency and the need to make a commitment to include cultural safety education and competence in our repertoire of skills.

The fourth and final area I will address today is about possibility. I will set out a vision that if we deliver on our promise of better health and wellbeing for all Australian’s then our Nation’s First People will experience the benefit of a first-class health service and outcomes along with their fellow Australians.

To begin, the role of Indigenous knowledge in policy, education and service delivery is paramount. Let me give as an example the acknowledgement of the First Australians at the commencement of events to demonstrate.

We conduct an acknowledgement of country because of the unique, distinct contribution to humanity made by the First Australians. By the acknowledgement of Aboriginal and Torres Strait Islander cultures we open a way to the unexplored potential that exists for two-way learning, and new and more sophisticated ways of working together are made possible.

Our people have maintained a continuous connection to each other, culture and country, longer than any other human group on the planet. In the process, we have acquired deep knowledge, understanding and experience that only comes from such a sustained relationship. It is right here in Australia that our ancestors forged their resilience and handed to us the legacy of our ancestral beings and our responsibility for the future of our people. Through massive change in landscape and human development, over more than sixty thousand years, our people have continued.

This achievement is worthy of acknowledgement.
Every time our profession begins a meeting or a symposium or any forum with an acknowledgement of country we are making real a rightful intersection of an ancient land and our planet’s oldest human cultures with a modern Australia, combining to give effect to our national culture and way of life.

In acknowledging the Kaurna at the beginning of the Oration, I show my respect to them and their ancestors for their continuing leadership and for their ever-evolving economic, social, cultural, spiritual and religious bequest to this region. It opens the way for Indigenous knowledge to be recognised as critical in delivering on the promise of closing the gap in health outcomes between Indigenous and other Australians.

My leadership in this profession is very much shaped by the experience of all my ancestors and my elders, and the lessons learnt are paramount in these conversations for the nursing profession. We were raised with core cultural values, which are core human values - to respect ourselves, respect each other and respect the land. My family and my ancestors modelled the behaviours they expected of us and they pushed us to use our minds to envision the kind of world that we thought would be good for every one of us, and then encouraging us to take action to bring it about. Significantly, they taught us to do this by backing each other. Does this not have relevance for our profession? Do we not aspire to achieve excellence in health outcomes and to figure out how to do this backing each other?

In the times when things are tough, my family and my ancestors provided the encouragement to learn and lead beyond our comfort zones. And by blood, they tied us to the destiny of all our people whose veins pulse with sixty thousand years of connection to this land. This is not something to be taken lightly, nor something I think I could ever walk away from.

In my culture, the challenge we face, just as our elders and ancestors faced, is to figure out who we are, where we come from, and where we are going with the Indigenous knowledge that we inherit from the old people. In accepting the challenge, our obligation is to pass on an enriched legacy to those who follow.

To the nursing profession, our challenge, like that of the first Australian, is to understand who we are as a profession, where have we come from, and where we are going with the legacy handed to us from a long track record of nursing professionals and the provision of nursing care, from the nursing leaders on whose shoulders we now stand.
In terms of the history of Indigenous nursing, historical evidence suggests we had our first Indigenous nurse in the early 1900s. It is also interesting to note that many of our woman served in all of the Wars as nurses/carers. We have a rich history of Aboriginal and Torres Strait Islander women and men in our profession, something in which we should all take pride.

Our Indigenous nursing leaders have passed on the legacy of the Indigenous knowledge, including in relation to healing and caring. Colonialists arrived in Australia in the 1700s and brought with them western knowledge. This arrival heralded achievement for Great Britain, but it also heralded an era of dispossession and oppression for Indigenous Australians. Colonialism targeted Aboriginal and Torres Strait Islander people in a deliberate way with the intent of removing them from the land and distancing them from resources (Sinclair, 2004). Colonisation aimed to denigrate and eradicate Indigenous culture, ways of doing and knowing, and our language. Despite this approach, Indigenous ways of knowing, language, lifestyle and practices remain today and it is this knowledge, experience, talent and style of leadership that we, in the nursing profession, have to capitalise on to close the gap in health inequality.

My experiences in education have led me to recognise the importance of utilising the strength of the profession of nursing in improving the circumstances facing our people and how designing and delivering services responding to the Indigenous health crisis, requires the input of our people. This is not just an ‘Indigenous’ thing, this is best practice program design and implementation in any field – to involve the people affected most so as to maximise the outcomes. For me, it means being able to link what I have learned from my ancestors and elders to my learning’s from primary, secondary and higher education and make sense of it in my field of work as part of Australia’s nursing profession.

Indigenous knowledge is not possible without Indigenous people. Indigenous nursing knowledge is not possible without Indigenous nurses. Indigenous nurses have the exclusive ability to proficiently entwine nursing knowledge with Indigenous knowledge to lead our profession to rising to the challenge of our time.

Our profession has already started to build a recognisable Indigenous nursing workforce but growing and nurturing this workforce continues to be a challenge for us. Unfortunately, Indigenous nurses currently make up only 0.8% of the nation’s nursing and midwifery workforce and only 1,414 of these are registered nurses.

So how many Indigenous registered nurses do we need?
Based on 2012 (AIHW) data and population parity of 3% (AIHW, 2011) we require 5,400 Indigenous registered nurses in Australia; this is four times the number we currently have. However, this is more than just an equity issue so when we factor in burden of disease, I have done this conservatively only allowing for twice the burden of disease, we require at least 10,800 Indigenous registered nurses and this is 8.5 times the number we have currently (CATSINaM, 2014).

What we know is that the Indigenous nursing workforce has grown in number and this increase reflects the affirmative action approaches at federal, state and local levels. Indigenous nursing has a long history. Our profession has a long history. Yet Aboriginal and Torres Strait Islander nurses are less than 1% of the workforce while Indigenous Australians occupy 3% of the nation’s population.

These statistics are not only below parity but, if we are serious about better health and wellbeing for our Nation’s First People, an Indigenous nursing workforce is essential – we have to increase the participation of Indigenous people in the nursing workforce and in order to achieve this we have to increase the number of Indigenous people completing university nursing programs (West, Usher, & Foster, 2010).

We seem to be getting much better at attracting Indigenous students into nursing courses; however, our retention and completion rates are problematic resulting in minimal traction in the goal of increasing our Indigenous nursing workforce. Given the low Indigenous nursing numbers and the disproportionate representation of Indigenous people in the health system, unless we make increasing our Indigenous nursing numbers a national nursing priority we will continue to grapple with this issue. However, this goal is so possible to achieve. We have the intelligence and the resources to figure this out and make Australia’s first-class health system and its outcomes a reality for all Australians.

My second point is to talk about the role of nursing leadership in rising to this challenge and transforming the vision of health for all into reality.

We need more exemplary nursing leaders, like those that are being invested today, and we need them more than ever before.

For those of us who work in Indigenous affairs, we have learned that leadership is most effective when it respects culture and is deliberately and consciously committed to learning about and building solutions from the best of both cultures.
We need nursing leaders, Indigenous and non-Indigenous, proficient at navigating the two-way learning space towards new and more sophisticated ways of working together.

Through strong nursing leadership the profession has successfully navigated some of the profession’s most challenging times. For example, leadership has helped us traverse religious influences, guided the transition from hospital to university based education, steered significant contribution to the national debate on the quality of our health system, and more recently, conceptualised, developed and implemented National Registration.

This same leadership is required to rise to this challenge of improving the health outcomes for our Nation’s First People; leadership that demonstrates that the health of Aboriginal and Torres Strait Islander people is a concern for all nurses. Nursing’s adaptive capacity provides the profession a unique opportunity for leading this health transformation.

As nurses comprise over half of the Australian health workforce, nurse leaders from health services policy and academia need to collaborate to strategically build the cultural capability of the nursing workforce to this end. We need leaders who can unite us and inspire us and continue to model the required behaviours for future nursing leaders.

Strong Indigenous nursing leadership is also important for designing a future to which Indigenous nurses can aspire. It is important to remember that stronger leadership results in improved patient outcomes.

My third point today is to talk about the role of education and competency, especially the need to make a commitment to include cultural safety education and competence in our repertoire of nursing skills.

Like our New Zealand colleagues, Australian nurse educators need to recognise that cultural safety education and competence are critical elements in all interactions between the Indigenous and non-Indigenous people, and are fundamental tools required by the nursing profession to legitimately and genuinely build its capability across all levels of nursing to ensure the promise of better health and wellbeing for all Australians.
In New Zealand the cultural safety for Indigenous health movement began in the 1980s when a Maori student nurse, Irihapeti Ramsden (1988) questioned hospital policy on standard nursing practices by saying that we “talk about legal safety, ethical safety, and safety in clinical practices, but what about cultural safety?” Clearly, cultural safety was not on the nursing agenda then but it certainly is now and some 20 years after the movement began, twenty per cent of the New Zealand nursing curricula is dedicated to cultural safety.

It’s clear that the profession ‘gets’ the importance of education. We demonstrated that in the transition from hospital to university education, we demonstrated that through the expansion of our schools of nursing into postgraduate studies and the ever-increasing number of nurses with PhDs and of our peak nursing bodies having nursing education as a priority. Now, we have to ‘get’ that cultural safety needs to be added to nursing education and competence.

It is important to acknowledge the significant work already undertaken in this area by nurses, for example the ‘gettin em n keepin em’ report produced by the Indigenous Nursing Education Working Group; or the Australian Nursing and Midwifery Accreditation Council standards relating to the inclusion of the “Aboriginal and Torres Strait Islander peoples’ history, health, wellness and culture”; including cultural safety, in nursing curricula; and the development of an Aboriginal and Torres Strait Islander Health curriculum framework for universities led by Health Workforce Australia, of which the nursing and midwifery profession were the trail blazers.

I would further like to acknowledge a future piece of work being led by the CATSINaM CEO Janine Mohamed, the inaugural meeting of the Leaders in Indigenous Nursing and Medical Education through the Council of Deans of Nursing and Midwifery (Australia & New Zealand). The challenge comes in the translation of this important work at university and health service level.

Further I recognise the Nursing and Midwifery Board of Australia, in the development of National Competency Standards for the Registered Nurse, makes a generic reference to “culture”. The National Competency Standards for the Registered Midwife recognises the specific needs of Aboriginal and Torres Strait Islander women and their communities. In light of the nation’s worst health inequities, following the example of our midwifery colleagues is central to future gains in this area. In nursing, if the specific identification of Aboriginal and Torres Strait Islander people continues to remain invisible in our key documents we will continue to grapple with this challenge.
In addition, national and international research identifies primary health care as ‘the’ model of care necessary to achieve substantial gains in Indigenous health. While the importance and demand of primary health continues to increase parallel to the increase in chronic and complex disease in Indigenous communities, it is acknowledged that nursing education in Australia is not reflective of this issue.

Education and career pathways specific to the primary health care industry, namely the Aboriginal Community Controlled Health Services, is paramount as a lack of either of these strategies reduces the profession’s ability to attract and retain Indigenous nurses into our workforce.

We know that poor nursing education and low levels of competence can compromise quality of nursing care. Contrary to that we also know that improved education and competence is essential for providing high quality care. Simple really! Yet, Indigenous health statistics tell us that we could and should be doing better.

The clarion call is similar to the vision. I look forward to the day that the same consideration is given to Indigenous health education and competence as has been given to other areas of nursing education and competence and that it occurs because the profession recognises it as a priority and aligns both policy, education and health services accordingly.

Nurses are the backbone of Australia’s health care system. Nurses have the potential to rise to the challenge of our time and to be the leaders of the effort to improve the health and wellbeing for our Nation’s First People!

The fourth and final idea is about possibility, my vision for the future.

Many have talked and written about the crisis in Indigenous health - the generations of neglect, lack of cohesive policy and failure to provide sufficient resources and ensure that they reach our people on the ground.

My vision is that I want to see my people socially and economically included in the nation. I want to see our kids educated, healthy and with the opportunity to grow up, get jobs and to be engaged in meaningful activity. I want to see our people living in good housing. I want our children to have good food to eat, fresh air to breathe and clean water to drink. Not too much to ask!

Our distinguished profession, the nursing profession, has a unique opportunity to seize the promise of better health and wellbeing and along with respect for two-way learning and new and more sophisticated ways of working together, make real that point where ‘the rubber meets the road’ in providing better health and wellbeing for the Nation’s First People.
There is so much extraordinary work that needs to be done and I stand before an extraordinary profession filled with outstanding leaders committed to delivering on health and wellbeing for all Australians.

Conclusion

In closing, I talked about the need for inclusion of Indigenous knowledge and strong Indigenous leadership because I continue to be inspired by the thinking and actions of people steeped in deep knowledge, understanding and experience – in my family, in my culture, in my profession and across humanity.

I am inspired by a strengths-based approach that makes a significant contribution to humankind, and all the research, which supports my conviction that solutions depend on the ability of all of us to learn and to teach whilst being respectful of two-way learning and I look forward to new and more sophisticated ways of working together in the future.

It is what Chris Sarra is getting at when he fostered the ‘strong and smart’ philosophy; he wants us to embrace a strong and positive sense of what it means to be Indigenous in contemporary Australia.

It is what you are getting at through your investments in curricula development and Indigenous nursing leadership; you too want to deliver on a promise of high quality health care to the Nation’s First People.

Thank you for your work towards delivering on a promise of a better health and wellbeing to the Nation’s First People.

Thank you for bringing your own knowledge, skills, talents, experiences and style of leadership to strategic investments for focused change.

There are two quotes I would like to finish with. The first is from a giant who went before us and on whose legacy we continue to build. Florence Nightingale (1859) said, “Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation as any painter’s or sculptor’s work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God’s spirit? It is one of the Fine Arts: I had almost said, the finest of the Fine Arts.”

The second quote is more a call to action.

Larry Davis (2000) wrote in his book Pioneering Organisations:
“In every age, there exists those people who rise to the challenge of their times. They see a way to bring a gift to the world that will meet pressing needs or solve difficult problems. They see the way to expand the possibilities of human life. They are not deterred by predictions of failure, but are drawn forward by hope. They are energised by faith and commitment and sustained by seemingly inexhaustible spirit. Often their dreams seem impossible. But those who succeed give us our very lives.”

Thank you for the opportunity to present this year’s Australian College of Nursing Oration and for the privilege of standing with you, my fellow nursing professionals.

It truly is an honour to work in a profession providing better health and wellbeing to the Nation’s First People, and rising to the greatest challenge of our time.

References


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