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‘WITH MY HEART AND EYES OPEN’: NURSING STUDENTS’ REFLECTIONS ON
PLACEMENT IN AUSTRALIAN, URBAN ABORIGINAL ORGANISATIONS

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Abstract

Research has demonstrated that students who have immersive experiences in Indigenous settings emerge with a greater understanding of their own values and attitudes and increased appreciation for Indigenous Peoples and culture. Up to 80% of Indigenous people in Australia live in urban settings, yet research on nursing students' placements in urban Indigenous organisations is scarce. This manuscript presents qualitative findings from the analysis of eight third year nursing student's reflective essays, written iteratively across a three-week placement in urban Aboriginal organisations. Reflective journaling was employed as a pedagogical method.

All the students reported experiencing profound personal and professional growth. Thematic analysis resulted in three themes '*Working with experience and uncertainty*', '*Developing acceptance and understanding*' and '*Becoming allies and advocates*'.

From the findings, it is evident that despite the logistical issues of a small Indigenous population and a vast nursing cohort, it is important to ensure that all nursing students have opportunities to engage authentically with Indigenous people, in places and spaces of Indigenous authority, and opportunities to reflect on their learnings in the context of their previous understandings.

Keywords

Cultural safety, clinical placement, Indigenous health

INTRODUCTION

Like many colonised countries, Australia's health care system is plagued by systemic racism (Power et al., 2018). The inequitable treatment experienced by Indigenous Peoples in Australia is evident in: differential access to treatment and health services; disparities in screening rates, preventative treatments and rates of interventions; and, personal experiences of racism including being shamed and stereotyped (Dwyer et al., 2016; Power et al., 2020). Strategies to improve the health care system for Indigenous Peoples include increasing the number of Indigenous health care professionals, ensuring that non-Indigenous health professionals are culturally safe (ANMAC, 2019), and addressing institutional racism (AHPRA & National Boards, 2020).

Adopted from New Zealand, in Australia, cultural safety is prescribed in curriculum accreditation standards (ANMAC, 2019) and codes of conduct (NMBA, 2018). Cultural safety, while highlighting socio-political facets of health, provides a framework to guide nurses to reflect on how their own cultural worldview and socialisation impacts the care they provide (Cox and Taua, 2016).

With the largest numbers of any profession in health care, nurses are in a unique position to change the culture of the health care system. However, nurses enter the profession with well-defined values and beliefs that have been constructed in a matrix of understandings and experiences (Cox and Taua, 2016). Research has shown that it is beneficial for nursing students to explore their own values, beliefs, bias and attitudes and the social structures within which they function, to consider how these might impact on their ability to provide care for people from diverse cultures (Cox and Taua, 2016). It is therefore incumbent on academics to provide opportunities for students to engage in guided reflection through the provision of summative assessments (Lucas et al., 2017; Lucas et al., 2019; Power et al., 2018). This manuscript

presents qualitative findings from the analysis of nursing students' reflective essays that were written iteratively across a three-week placement in urban Aboriginal organisations in an Australian capital city in the state of New South Wales (NSW). In NSW, Indigenous Peoples predominantly identify as Aboriginal and that word is used to describe people and organisations in this study. When discussing curricula and international work, the word Indigenous is used.

BACKGROUND

Ideally, all nursing students would be provided with opportunities to undertake clinical placements in places of Aboriginal authority, as learning about Aboriginal health and cultures is optimised when the lessons are conducted by Aboriginal people (Burgess, 2017; Kurtz et al., 2018). Given the vast numbers of nursing students enrolled and the small numbers of Aboriginal controlled health organisations, the idea of having enough placements for all students to be able to attend an Aboriginal health focused, clinical placement has been described as 'nonsensical' (Wilson et al., 2020). (10) This has led to a lack of research examining non-Indigenous students' experiences in places of Aboriginal authority.

McDonald et al. (2018) conducted a systematic review exploring placements conducted in Aboriginal organisations for health professional students. All 14 of the included studies reported on rural or remote placements. Following placement, students reported: increased insight into Aboriginal cultures; a deeper appreciation of inequities in the social determinants of health; increased awareness of everyday racism; and, greater insight into their own prejudices, beliefs and attitudes (McDonald et al., 2018). Isaacson (2014) found similarly in a group of nursing students undertaking a rural immersive clinical placement on an American Indian reservation in the United States. In an international review of Indigenous health curricula, Francis-Cracknell et al. (2019) found only four studies explored student clinical placements and all in rural and remote locations. Kurtz et al. (2018) found a variety of

experiences ranging from single day community visits to a five-week cultural immersion, again mostly in rural and remote or on reservation settings.

One of the few existing studies that explored nursing students' experiences of clinical placements in urban settings was undertaken by Hart et al. (2015). These authors reported on eight nursing students who undertook placements in Aboriginal Medical Services, three of which were in an urban setting. Hart et al. (2015) students described the placements as transformational, and the majority intended to pursue careers in Aboriginal health. The majority of nursing placements in Aboriginal settings take place in rural and remote areas, yet nearly 80% of Indigenous people live in urban settings (Turner et al., 2019). Nursing students from city universities, are much more likely to find themselves nursing individual Aboriginal people in city hospitals and health care settings. It is evident from the limited literature, that in-depth studies exploring non-Indigenous students' reflections on undertaking clinical placements in urban Aboriginal environments are scarce. This paper is intended to contribute to addressing this knowledge gap.

Methods

Methodology

This study utilized reflective journaling as a pedagogical method, with the aim of assisting students to process their thoughts and experiences about a clinical placement, in an urban Aboriginal setting, in the context of their previous experiences, values, beliefs and learnings (Tsingos-Lucas et al., 2016; Tsingos et al., 2014). The validated reflective rubric utilised in this study (Lucas et al., 2017; Lucas et al., 2019; Tsingos et al., 2015) builds upon the seminal work of Boud et al. (1985) and Mezirow (1991).

Setting and Context

This study was undertaken in a Faculty of Health, in a large urban university in an Australian capital city. The Faculty has invested significantly in embedding an Indigenous Graduate

Attribute (IGA) throughout its courses and scaffolded assessments across the nursing curriculum (Power et al., 2018; Virdun et al., 2013). This paper reports findings from the analysis of a reflective essay assignment embedded into a third-year elective, Aboriginal Community Engagement (ACE).

The ACE curriculum was designed to take students beyond the classroom and into the Community. Formal lectures and tutorials were replaced with experiential activities such as walking tours, visits to Aboriginal Medical Services, assisting with NAIDOC celebrations and yarning with Aboriginal Elders. The subject was written and facilitated by an Aboriginal academic, who was also responsible for sourcing the three-week long clinical placements. Hosting organisations included a non-residential, Elders facility, a Non-Government Organisation catering to young Aboriginal mothers and a primary health care service visiting new mothers and babies at home. Clinical skills developed during the placement were communication and cultural safety. Four of the students attended placements in pairs, the other four were by themselves. Due to the scarcity of available clinical placements, the subject was capped at ten places, with eight non-Indigenous students electing to undertake the subject.

As an assessable task, students kept an online journal before, during and after their clinical placement, responding to six trigger questions (see supplementary material). The trigger questions explored students' pre-existing knowledge of Aboriginal Peoples and cultures; their pre-conceptions of what the clinical placement would be like; how the experience matched or differed from their expectations; shifts in their understanding of Aboriginal Peoples and cultures; and how they built rapport and trust as non-Indigenous nurses.

On completion of the placement, students were asked to compile their journal entries into 2000-word reflective essays which they submitted for assessment. The marking guide for the assessment was developed based on the Faculty IGA framework (Power et al., 2016), informed by Lucas et al. (2019) reflective rubric (see supplementary material).

Recruitment

During the first class, the study was introduced to the students by a member of the research team, not involved in the course. Students were provided with study information sheets, consent forms and a sealed envelope. It was made clear that participation was voluntary, and that participating or not would have no bearing on their results in the subject.

The envelopes revealing whether students consented to having their reflective essays analysed for publication were not opened until the subject was completed and marks ratified and finalized. All eight students consented to participate in the study which represents a 100% recruitment rate.

Ethical Approval

Approval for this study was provided by the Faculty, Low-Risk Ethics Committee (ETH18-2272).

Data Collection and Analysis

Students' reflective essays were downloaded from the associated electronic assessment portal by the subject coordinator who de-identified the essays by removing student numbers and substituting real names with pseudonyms. The de-identified essays were thematically analysed in entirety, using Braun et al. (2019) six-steps by another member of the research team. Draft themes were then discussed with the broader research team until consensus was reached.

FINDINGS

Findings revealed evidence of student growth over the duration of the subject. These are explicated below in Table 1.

TABLE 1: THEMES AND SUB-THEMES

Themes	Sub-themes
Working with inexperience and uncertainty	Recognising existing understandings Acknowledging external influences Admitting fear and trepidation

Developing acceptance and understanding	Feeling accepted Evolving knowledge Increasing cultural confidence
Becoming allies and advocates	Staying connected Changing the system

Working with inexperience and uncertainty

Recognising existing understandings

Prior to commencing this subject, some students had little knowledge of Aboriginal people. This was especially true for international students: *Before I started my nursing course, I knew very little about Aboriginal people* (Leilani).

Jeremy recognised that his current knowledge was flawed and inadequate. He felt that coming to university exposed him to more inclusive perspectives:

My understanding of Australia's First Peoples was developed through schooling and sporadic media portrayal. This was narrow and ill-focused, extending primarily to the white settler narrative and tokenistic gestures that lacked substance. I had never been exposed to any authentically Indigenous ways of being, nor heard perspectives that were inclusive of Indigenous voices until my time at university (Jeremy).

Australian-born students acknowledged that university learning allowed them to gain insight into the wrongs experienced by Aboriginal people:

Being introduced to knowledge about the Stolen Generations and intergenerational trauma caused feelings of empathy and concern to develop from reflecting on how late into my education these topics were introduced and considering how many other Australians are currently lacking this cultural awareness (David).

As a child, Larry had experienced some close contact with Aboriginal people in his friendships and peer group. These memories were partially reshaped through his university studies to date: *There was a sense of the mission not being a place white people could visit. I don't remember any dislike toward me from Aboriginal people as a child, I felt at home when I visited my*

friends' homes ... I feel university has brought me closer to my childhood experiences again, placement will bring me even closer. I have added to my knowledge on Aboriginal people and culture throughout my degree. I have learned how much Aboriginal people and their culture have suffered since the British invasion, and also learned how much the policies of subsequent governments affected Aboriginal people (Larry).

Through being a university student, Malcolm had met an Aboriginal person for the first time and this caused him to question previously unquestioned stereotypes:

We had the same clinical placement and shared many things. During the first week I was not aware she was Aboriginal until she lost a family member and had to leave the placement for a few days. On her return we became friends, she is kind and lovely individual, these stereotypes aren't true (Malcolm).

Acknowledging External Influences

In reflecting on the views that they held, all participants were able to acknowledge how pre-university influences that had shaped their current understandings. Larry reflected on how his early positive connections with Aboriginal people became tainted as he took on negative views and stereotypes: *As I grew up, society's judgements and its undercurrents of racism crept into my view of Aboriginal people, taking me away from the naïve, pure view from my childhood (Larry).*

Several Australian students acknowledged familial influences on their beliefs about Aboriginal people: *Knowledge from family and friends were very little and predominantly negative (Kerry).* Participant's previous knowledge was largely gained from school education which tended to present a very Eurocentric and biased view of Australian history. Media was also considered to be enormously influential:

Growing up I was taught that Captain James Cook discovered Australia in 1788, also in the media, Aboriginal people were portrayed as intoxicated or unemployed. I therefore developed

a negative perspective towards Aboriginal people even though I had not personally ever met an Aboriginal person (Kerry).

Like other participants, Malcolm's early views were informed largely by a steady stream of negative stereotypes he gleaned from the media, his friends and wider society:

I heard a lot of stereotyping about Aboriginal people ... A friend once even told me that Aboriginal people received more welfare payment than Non-Aboriginal people did. I also often heard the media portraying Aboriginal community as dysfunctional families (Malcolm).

Admitting fear and trepidation

All students were very keen to develop more meaningful and authentic knowledge that would assist them in engaging meaningfully with Aboriginal people; however, despite their enthusiasm, they expressed fear and trepidation: *I am quite apprehensive about the upcoming placement. I feel as though it will be confronting (Jeremy).*

Larry commented: *'I felt initial trepidation as I felt very 'white'.* Kerry also expressed apprehension about being an outsider, because of her status as a non-Aboriginal person: *I feel like it will be challenging to earn the trust of Aboriginal people, as I would be an outside individual in their community (Kerry).*

Concerns about building trust, rapport and establishing therapeutic relationships were very strong in the participants:

I feel a little bit worried whether I will be welcomed in Aboriginal families because I am a stranger to them. Perhaps Aboriginal people will choose not to talk anything about themselves because they will not trust me at first. I hope I can develop therapeutic relationships with Aboriginal people (Mina).

The trepidation and anxieties around building trust and rapport with Aboriginal patients and clients, also extended to building relationships with Aboriginal staff. Students felt shy and

uncertain because of the fear of inadvertently causing cultural offence. However, staff were reported to appreciate the students' efforts to learn about culture:

The first time that I met the Aboriginal Health Worker, I felt quite shy because I was afraid that some of my behaviours showed impoliteness. She is very happy that I learned about Aboriginal health. She said I did not need to feel too nervous, especially when interacting with Aboriginal Health Workers because it is a safe environment and a good opportunity for me to learn the Aboriginal culture (Mina).

In getting to know her Aboriginal colleague, Kerry was fearful of embarrassing herself:

I was a little intimidated at the thought of talking to [Aboriginal staff member] as he carried himself in a very serious manner and I felt I could embarrass myself easily... Later as he warmed to me, conversations with him made me realise that there is a lot more to learn about Aboriginal people (Kerry).

Developing acceptance and understanding

Feeling accepted

The students entered the environment with great enthusiasm, but also with feelings of apprehension. However, the warmth and support shown by the staff in the services meant that they very quickly came to feel accepted by staff and patients/clients alike:

Staff and clients accepted me without prejudice, which surprised me as there is and has been so much racism from white Australians. Aboriginal Peoples are not racist (Larry).

Students were able to begin to get a sense of the importance of yarning and storytelling with Aboriginal people, and the centrality of these activities in establishing therapeutic rapport:

I had a conversation with a woman who had been handed down the tradition of storytelling through art by her mother. I was surprised by how open she was, considering I had only been present for three days (David).

Malcolm came to the realisation that commonalities as well as differences between Aboriginal and other minority cultures exist:

I found many things in common with my own culture. Family is another important aspect of Indigenous Australians, the thing they ask most of the time is about my family but through that I was able to interact and build trust relationship with them (Malcolm).

Mina perceived establishing trust through her clinical experiences as important to developing relationships:

It was lucky that I could have opportunities to talk with an Aboriginal health worker who is nice and helpful ... She told me that I needed to spend more time to build trustful rapports with Aboriginal people because of past experiences, such as Stolen Generations and racism (Mina).

Developing knowledge

Immersion in the community clinical settings provided students even more insights into the effects of intergenerational dispossession and trauma. Seeing this firsthand had been unexpected and overwhelming:

I did not expect the amount of trauma. The trauma experienced by mothers and babies made me feel overwhelmed with confusion, anger, and sadness ... I started to put myself in their shoes, being a mother also wanting equal opportunity for my child (Kerry).

Jeremy felt privileged that Aboriginal people chose to share some stories with him. Hearing the storied lived accounts, directly from the Aboriginal people, helped him to understand the continued and cumulative effects of these traumatic events:

The tales they tell are dark and disturbingly modern, reminiscent of what I would expect to be archaic attitudes towards race and difference in Australian culture. While not ignorant to these realities, I would say that hearing more about them in the personal contexts of these client lives has allowed me to understand the ways in which these issues are navigated after the fact. To see the ways these experiences shape lives (directly and indirectly) is valuable (Jeremy).

Malcolm was also deeply moved by an encounter with an Aboriginal person that helped him to understand the effects of racism on individuals:

I was sitting next to a lovely client. I notice she has dementia. However, she can remember many past events. She told me just by looking at a white person they could either spit on you or have you arrested which I really find emotional (Malcolm).

David was able to see for himself some of the cultural mores around gender, which helped him to understand important cultural aspects of social communication:

I developed an improved understanding of gender roles and the separation of men and women during certain activities ... After witnessing the transformation in one man's demeanour from reserved during general mingling with female clients and staff, to forthright and well-spoken within the men's group, I began to understand how this cultural practice affords some people a sense of comfort, where one can feel safe when speaking about personal issues or burdens (David).

Students also gained considerable respect for Aboriginal-led services and organisations. Larry held the view that more people spending time in Aboriginal-led organisations would contribute to reduced negative stereotyping:

This is a place where cultural stereotypes and biases about Aboriginal peoples could be changed if more of mainstream society witnessed the internal workings of the organisation, such as, the work ethics of the staff, their inter-personal relationships, the respect the staff have for one another and for their clients (Larry).

Increasing cultural confidence

During this period, uncertainty was replaced with a tentative but growing confidence. Mina gained confidence because the Aboriginal people: *“were very welcoming and I felt more relaxed to communicate with Aboriginal people”*. Malcolm found the experience to be life changing: *The experience has shaped me, how I look at Aboriginal people and their culture ...*

you learn many new things every single day. I spent more time listening to Elders than talking and dominating the conversation (Malcolm).

Students realized that the quality of their relationships with Aboriginal people was up to them: *As an outsider, developing relationships was initially challenging, however I have discovered that this baggage is mine alone. While wounded and forever changed by past traumas, the First Nation's Elders do not view the world in ways that call for continued animosity and detachment, but rather they hold hope for change and continue to work towards making that happen (Jeremy).*

Students learned that if they displayed respect and a willingness to listen and learn, they could have productive positive relationships with Aboriginal health professionals, patients, and clients:

I was able to build trust with clients and staff members by showing understanding, respect, and willingness to learn more about Aboriginal and Torres Strait Islander culture, being empathetic and sensitive to worldviews, values, and beliefs. I ... am very thankful to have been given the opportunity (Kerry).

Students also learned how important it was to demonstrate both an awareness of and a respect for Aboriginal ways. In recalling an interaction with a staff member about the staff member's great-grandfather, Larry stated:

I googled the information and found a picture, before showing him the photo I had found of his great grandfather I asked if he was okay looking at the photo [out of cultural respect] of a deceased relative. He said he was, and I saw a glint in his eye, like he was happy that I'd asked that (Larry).

Larry had gained enormous respect for Aboriginal culture, and particularly noticed the bonds that exist between Aboriginal people and identified this sense of connectedness was a great source of strength for people:

I feel like the Aboriginal culture has so much more than what we give it credit for, relationships are valued for more than just family, members of a whole community are considered family. Using the terms Uncle and Auntie are so respectful and I think that does so much for the strength of connections between Aboriginal Peoples as a whole... the strength I feel between the Aboriginal people is immense (Larry).

Students learned that being comfortable with people from a different culture required them to reflect on and be aware of their own culture:

Although there are differences between my culture and that of Indigenous Culture, considering these elements; family, land, language, ceremony, and law has really shaped who I am today. Being able to identify my own culture and heritage has totally changed my attitude towards Indigenous culture (Malcolm).

Becoming allies and advocates

Staying connected

Students were very clear in recognising the importance of working with and interacting with Aboriginal people and viewed this as essential:

Although the training to improve Aboriginal culture awareness and effective communication skills plays a key role in nursing professional development, it cannot replace our interacting with Aboriginal people by listening to their stories, observing their feelings, understanding their problems and offering quality care (Leilani).

Students felt enriched through their experiences and wanted to continue to engage with Aboriginal people. Larry had made peace with himself and the shame he felt over colonisation and felt that this positioned him to have positive future relationships with Aboriginal people: *I have gained a great insight ... I have found the confidence in myself to look past the shame of colonisation and relate on a more personal level with the Aboriginal community (Larry).*

Through his experiences, Larry had formed a friendship with one of the staff and he intended to continue to honour that friendship and the other connections he made in the Aboriginal organisation: *A few of the clients actually mentioned to me that I would be most welcome back to visit, this meant a great deal to me* (Larry).

Mina planned to become involved in community events and celebrations and learn more from and about Aboriginal arts:

Attending Aboriginal celebrations or festivals, such as NAIDOC week, is a good way for me to immerse in a wonderful atmosphere to listen to Aboriginal people's experiences, appreciate their arts, and comprehend their history and culture better. Watching Aboriginal movies is another method to get to know the invasion history (Mina).

Changing the system

Students understood there was a need for change and identified that everyone has a role in actively working towards positive change:

This experience was as challenging as it was rewarding, emboldening me to continue to explore the blatant failures of Australia's healthcare system, seeking ways in which health professionals can move past the rhetoric to proactively work towards achieving better outcomes. Moving forward, I believe this will be my primary motivator, and be the start of what I hope to be a continued impact on the minds of my colleagues (Jeremy).

Larry also felt the experience prepared him to be an advocate who could agitate to change the systems that were oppressive and unfair to Aboriginal people: *There couldn't be a better way of starting my career as an RN, with heart and eyes open. I feel with these attributes I can go out into the workforce and combat institutional racism head-on* (Larry).

Kerry strongly felt that every nurse has a role to play in the combatting racism and discrimination that is so damaging to Aboriginal people: *I believe it can take one nurse to*

change the dynamic of an entire unit/ward in a positive way which is essential towards reducing institutional racism.

DISCUSSION

This paper presents findings from a study, analysing nursing students' reflections on their clinical placement in urban Aboriginal organisations for a third-year nursing elective. The students undertaking the ACE elective brought with them a broad range of prior lived experience. However, despite actively taking the subject as an elective, they all initially expressed a limited understanding of Australia's true history and Aboriginal ways of knowing, being and doing. This was attributed to limitations in school-based curriculum content, ill-informed external influences such as mainstream and social media, social networks, or their international student status. These findings are not uncommon or unusual amongst Australian university students (Bodkin-Andrews and Carlson, 2014). Transformative experiences combined with reflection allows students an opportunity to examine their ideological beliefs, biases, assumptions and prejudices (Gatwiri, 2019). In a very similar study in the United States Isaacson (2014), found reflective writing and cultural immersion on an American Indian reservation, caused students to re-examine their pre-existing understandings and experience cultural humility.

Reflection is not necessarily an inherent skill or an intuitive approach to learning (Tsingos-Lucas et al., 2016; Tsingos et al., 2015). The reflective process requires not only the consideration of the present experience but to do so in the context of what has gone before (prior knowledge and experiences) and what might be to come (Boud et al., 1994). This process involved an interrogation of where their existing 'knowledge' of Aboriginal people came from, exploring their experiences on placement iteratively, and reflecting on what these experiences meant for them going forward.

Student participants expressed initial unease and trepidation before beginning their placements. White students entered the space very aware of their own privilege and carrying the weight of Australia's history. As students settled into their placements, they discussed feeling increasingly accepted by the people in the host organisations. Positive experiences with Aboriginal people contributes significantly to breaking down stereotypes (Jackson et al., 2013). Although some researchers have found that delivering Indigenous health content online has similar outcomes to cultural immersion in terms of student learnings (Wilson et al., 2020), online learning does not allow students to engage with Aboriginal people and community, so any presumed shifts ability to communicate respectfully are academic.

Another important outcome of this study was the value of hearing Aboriginal peoples' stories firsthand. Students reflected on how interacting and yarning with Aboriginal people personified the impact of colonisation and engendered empathy. Authentic learning experiences are valued by students as they enable them to consolidate their knowledge and challenge their assumptions (Birks et al., 2017).

Building personal connections with those in community seemed to be a trigger for students to want to learn more, work within and become advocates for Aboriginal patients and communities. Previous research supports the notion that students' learning on placement is enhanced when they are more likely to engage in the learning, socialize in community and can visualize their future legacy in that future environment. Furthermore, exposure to different experiential environments can alter pre-conceived ideas, assumptions and biases (McKenna et al., 2010).

Students acknowledged their personal misconceptions and the importance of having stereotypes challenged during their clinical placements. They described new insights and awareness of the importance of understanding how to advocate, mediate and enable optimal health outcomes in consultation with Aboriginal people they may care for in the future. Having

a healthcare system seeded with allies can contribute to challenging institutional racism through individuals seeking organisational change (Bourke et al., 2019).

Given the positive impacts on understanding that were revealed in this study, it is clear that to enhance patient cultural safety and healthcare outcomes, opportunities to engage with Aboriginal people must be offered in some way to all undergraduate nursing students. One of the underpinning tenets of ACE, was the focus on having students learn from interacting with Aboriginal people. Every week students visited an Aboriginal organisation or place of historic significance or had an Aboriginal lecturer. While we acknowledge the difficulty of accommodating large cohorts of nursing students, and the inordinate burden on Aboriginal people, we do believe there are ways of creating spaces of Aboriginal authority within the institution. For an example, see Jackson et al. (2013).

LIMITATIONS

This study has several limitations, including the small number of participants and the fact that these students were obviously open to learning more about Aboriginal culture through choosing this elective. There was also potential for social desirability bias, given the data were derived from an assessment item. Data could have been quite different if gained from other research methods. It is unknown if attending placements in pairs, or solo had any impact on the students' reflections.

CONCLUSIONS

Providing non-Indigenous students opportunities to engage with and learn from Aboriginal people is the first step in breaking down barriers and challenging stereotypes and racism. Seeding the Australian health care system with culturally safe students, who have their *heart and eyes open* and are prepared to ally and advocate for Aboriginal Peoples should be the goal of every school of nursing.

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