Utilising Culturally Congruent Strategies to Enhance Recruitment and Retention of Australian Indigenous Nursing Students

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Recruitment and retention of Aboriginal and Torres Strait Islander (ATSI) nursing students has been the concern of many faculties of nursing across Australia for some time. Multiple factors and issues have been raised to address recruitment, and most important retention, of ATSI students in undergraduate nursing programs. This article, through a review of the literature, explores and describes discoveries and discusses the importance of culturally meaningful strategies and knowledge as significant in addressing this core issue. Strategies for change in relation to curriculum design and faculty education in transcultural nursing are described.

Although Aboriginal and Torres Strait Islander (ATSI) people comprise about 1.6% of the Australian population (Australian Bureau of Statistics, 1996), their health status at all ages is much worse than that of nonindigenous Australians. Life expectancy is approximately 15 to 20 years less for men and women than the national average. They are affected by Western lifestyle diseases (e.g., heart and respiratory diseases, diabetes, and hypertension) in addition to those diseases common to developing countries, such as trachoma, malnutrition, anemia, and chronic ear infections that result in hearing loss (Australian Institute of Health, 1990; National Aboriginal Health Strategy, 1989). Smallwood (1990), an Aboriginal nurse leader, attributed the reasons for the poor state of Aboriginal health to the fact that most health programs had been directed from a Western, White middle-class perspective. She emphasised a holistic approach as the only way to achieve an acceptable level of health among ATSIs.

For these reasons, all recent governments have promoted policies to assist ATSI students to pursue not only health professions but also a wide range of professions. The ultimate aim is to redress some of the social and economic disadvantages that ATSI people has been subjected to since White settlement in 1788.

DEFINING CULTURE AND ITS SIGNIFICANCE

Culture has been defined as "a way of life belonging to a designated group of people" (Leininger, 1970, p. 48). Edward Tylor (1874), a pioneer anthropologist, defined culture as "that complex whole which includes knowledge, belief, art, morals, law, customs, and any other capabilities and habits acquired by man as a member of society." Based on ecology and adaptation, Eckermann et al. (1996, p. 6) defined culture as

> What is pretty and what is ugly; what is right and what is wrong; culture influences our preferred way of thinking, of behaving, of making decisions... culture is living, breathing, changing and not static. Because of this, it is important for us to understand the forces which lead to change and adaptation.

For example, family and kinship play a significant role in the life of ATSI people. Family is the source of strength and security in Aboriginal lifeways (Winch, 1989). This deeply rooted sense of being a member of a tribe is in sharp contrast to the belief system of other Australians and is often difficult for the nonindigenous population to grasp (Hayes &

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Monaghan, 1995). Once in the university, such familial resources are not usually available to ATSI students, imparting a greater sense of isolation than is felt by other students.

Gould (1993) and Johnson (1992) highlighted the significance of culture in her study of ATSI people and their views about health. Johnson (1992) stated that the concept of health as known in the Western world is linguistically foreign and unknown to most ATSI cultures. Health, as described by Aborigines, is more than a personal definition. It encompasses physical, social, emotional, cultural, and well-being of both the individual and the community.

Nurses are expected to have a therapeutic relationship with their patients, which cannot be achieved without an understanding and respect of other cultures. Multiple authors (Andrews & Boyle, 1999; Eckermann et al., 1996; Kanitsaki, 1988; Leininger, 1997; Lipson & Steiger, 1996; Meleis, 1995; Omeri & Nahas, 1995; Pittman & Rogers, 1990) have stated that nurses have been guilty of both ethnocentrism and of making generalisations about specific patient groups that lead to discrimination and racism in their practice. In contrast, a receptive and an understanding attitude by nurses and health workers will lead to valuable insights and special knowledge about indigenous cultures and their values and beliefs.

HISTORICAL PERSPECTIVE

Although generally referred to together for administrative purposes, ATSI peoples are different and have distinct cultures, languages, and views on land, spirit, mind, and body (Hayes & Monaghan, 1995). The diversity of ATSI lifestyles at the time of the European settlement in 1788 has been well described (Bush & van Holst Pellekaan, 1995; Keen, 1988; Reid & Trompf, 1990). This diversity consisted of 200 distinct spoken languages and 600 dialects across Aboriginal Australia. British colonisation, with its own ethnocentrism and lack of cultural sensitivity, disregarded this diversity by imposing monocultural values, beliefs, and educational and legal practices that included a common language, religion, and lifestyle (Eckermann et al., 1996).

Government assimilation polices of the 1930s were based on the belief that Aboriginal lifestyle would disappear and eventually be absorbed into the dominant White society. During this period, many children, especially those who were light in colour, were removed from their natural families, a "stolen generation" to live with White families (Cummings, 1990; Edwards & Read, 1989). This had a devastating effect on the morale of Aboriginal people across the land (Gray & Pratt, 1995). Despite the fact that this practice of removing ATSI children from parents ceased in 1969, the effects of this policy are still evident at the present time (Reid & Trompf, 1990). ATSI children were particularly disadvantaged in educational settings, a fact later reflected in their reduced numbers in the higher education sector. In 1982, the number of ATSI persons educated at the university level was 0.3% of the total university student population. In 1995, the number of ATSI students had increased only to 1.2% (Bourke, Burden, & Moore, 1996).

In 1972, the then Prime Minister, Gough Whitlam, established the Department of Aboriginal Affairs, which implemented programs in education, health, legal aid, housing, and medical services specifically for this population (Bin-Sallik, 1989). The Aboriginal health worker, a new category of health worker chosen from indigenous Australians, was also introduced in the 1970s (Gould, 1995). However, there has been no improvement in the overall health of Aboriginals since the initiation of these programs (Australian Bureau of Statistics, 1996; Mardiros, 1992; Reid & Trompf, 1990; Winch, 1989).

Advocating change in the health care status of Aboriginal people, Winch (1989) identified education and participation as two significant areas to be addressed. Johnson (1992) advocated the World Health Organization's (WHO's) primary health care model and the "Health for All by the Year 2000" strategy. Based on empowerment, holistic care, multisectoral collaboration, community control, and equality and justice, she stated that primary health care would be an effective way to improve the health of Aboriginal people (Johnson, 1992).

SCARCITY OF ATSI NURSES

Although the significance of the role of ATSI nurses in the health and well-being of indigenous people has been acknowledged (Bush & van Holst Pellekaan, 1995; Gould, 1995; Hayes & Monaghan, 1995; Johnson, 1992; Winch, 1989), the number of ATSI nurses remains significantly low. Only 0.05% of the total registered nurse population in Australia are ATSI (Gould, 1994).

The first Australian Aborigine to graduate from the University of Sydney was Charles Perkins in 1966 (Bin-Sallik, 1989). Nearly 30 years later, the first Aboriginal nurse graduated from the University of Sydney Faculty of Nursing, Cumberland Campus, in 1993. These figures, although dismal, are not surprising given that on any indicator that examines social and economic issues, such as health, income, housing, education, and employment, ATSIs emerge as the most disadvantaged group in Australia. Nevertheless, the successful progression of indigenous students through an undergraduate nursing program has been witnessed.

Scant attention has been given to the issue of the scarcity of ATSI nurses. Only a few studies about ATSI student nurses have been conducted, primarily about their performance at the higher education level. However, as recently as 1983, Anderson and Vervoorn stated that "very few Aboriginals ever reach a position where they can realistically consider education at a higher level" (p. 120). ATSI Australians in

use knowledge of the natural world to learn (Bush & van Holst Pellekaan, 1995).

PROPOSAL FOR CHANGE

The following strategies are suggested as potential ways to improve recruitment and retention of ATSI nurses at the university level. The ultimate goal is to improve the health and welfare of indigenous Australians.

Faculty prepared in transcultural nursing. The preparation of faculty in transcultural nursing studies, with specific focus on ATSI cultures, is of paramount importance. A number of myths have given transcultural nursing a fictitious status in Australia. One of these myths relates to the erroneous belief that nursing faculty can teach transcultural nursing or work with different cultures without formal preparation in transcultural nursing studies and research. Perhaps that myth emerged from a lack of adequate alternatives. However, the number of courses of study in transcultural nursing has slowly increased over the past decade in Australia (Omeri, 1996). Therefore, it seems appropriate that nursing faculties undertake a concerted effort to encourage interested faculty, both indigenous and nonindigenous, to enroll in transcultural nursing studies locally or through universities overseas. In addition, faculty education programs need to be initiated in rural-remote areas. "The first stage in the inclusion of cultural factors in the curriculum is the education of faculty and administrators" (Leininger, 1978, p. 456).

In 1991, an Australia-wide survey of all schools and faculties of nursing was conducted to determine the number and types of transcultural nursing components in undergraduate and graduate nursing courses (Omeri, 1991). The results showed that nurses were graduating from universities and schools of nursing with inadequate and almost no formal preparation in transcultural nursing. Not surprisingly, the survey results also revealed that nursing faculties lacked preparation in transcultural nursing and showed only a moderate commitment to initiate such undertaking. In response to the questions relating to the qualifications necessary for a teacher of transcultural nursing, 19% of the responding institutions considered personal interest and commitment as being adequate for teaching in the field, whereas 8% considered that no special qualifications were necessary and a significant 44% gave no response.

In a comparative study in Victoria, D'Cruz and Tham (1993) intercorrelated basic demographic variables of cultural and linguistic profiles of the patient population, the Victorian population at large, the nursing profession, and nursing students enrolled in preregistration programs at Victorian universities between 1985 and 1989. The results of the survey showed that 13.7% of the population of Victoria were from non-English-speaking countries, with 4 million speaking a language other than English at home, predominantly Greek and Italian. Eighteen percent (18%) of Victorian hospital patients represented the non-English population, whereas only 5% of nurses were from non-English-speaking backgrounds. The study found that cultural content in the undergraduate nursing courses was not adequately developed. The findings of the Victorian survey and the study by Omeri (1991) highlight the need for transculturally prepared nurses and health care professionals to provide knowledgeable, culturally congruent nursing care. With this preparation, these nurses could incorporate into practice the care values and beliefs specific to the diverse and multicultural populations in Australia.

The learning of Aboriginal languages by the faculty will need to be encouraged because language and culture are closely interlinked (Brink, 1976; Haviland, 1990; Herskovits, 1955; Leininger, 1970; Spradly, 1979). "The way people from different cultural backgrounds use words, vocal utterances, gestures and language symbols would be of much interest to nurses working with clients" (Leininger, 1970, p. 26). Identified comparative and descriptive language forms and meanings are significant linguistic knowledge for nursing and will enhance nurses' cue response and communication with patients (Johnson, 1992; Leininger, 1970, 1978, 1995; Omeri, 1997).

Finally, faculty need to begin the conduction of transcultural nursing research studies. Research-based transcultural nursing knowledge will add to the knowledge base of different cultures and will provide the essential tool for nurse faculty working and teaching courses in which ATSI students are enrolled.

Changes in curricula philosophy and content. Changes in curricula to accommodate the cultural, educational, and environmental needs of ATSI people and prospective students are urgently needed. These changes need to go beyond a superficial mention of the importance of culture. Core courses of one to two semesters duration should cover such topics as sociopolitical, economic, educational, environmental, technological, religious and philosophical factors, language, cultural lifeways, gender roles, worldviews, and family-kinship systems.

Contextual features also should be highlighted. Faculty should clarify how these contextual factors influence traditional expressions of care and their views of health, illness, and well-being and ultimately how they relate to nursing practice and education. As stated by Smallwood (1990), a curriculum based on Western ideologies is a serious block to retention of ATSI students. Processing of information, learning styles, study habits, emotional attitudes, and motivational factors as well as levels of anxiety are culturally patterned. Therefore, new and different teaching strategies, congruent with the cultural lifeways of ATSI people, need to be developed. Transculturally prepared faculty who become knowledgeable about the specific ATSI cultures will be well informed of the significance of such strategies and will adopt

general are poorly represented in the higher education system, with 1.2% of ATSI Australians attending the university compared to 4.8% of the nonindigenous group (Australian Department of Employment, Education, Training and Youth Affairs [DEETYA], 1996). They also have higher drop-out and completion rates than nonindigenous groups (Eckermann et al., 1996; Goold, 1995; Griffin, 1995; Townsend & de Vries, 1995). Furthermore, authors questioned the attractiveness of an educational system that had either ignored or debased their culture.

In spite of ongoing efforts by nursing faculties to enhance the recruitment and retention of ATSI students in nursing programs at the baccalaureate level, very few programs for ATSI nursing students have shown any degree of success (Pincombe, 1986). In examining the number of Aboriginal nurses entering schools of nursing in the 10-year period from 1983 to 1993, Goold (1995) found historical factors, along with racism and discriminatory practices, as accounting for both the low enrollment and the low retention of Aboriginal nursing students. In particular, Goold (1994) cited the oppressive nature of the relationship between Black and White women as being a major reason for the low recruitment into nursing of prospective ATSI students. Most revealing were comments by nonindigenous staff and students indicating racist attitudes and discriminatory practices, inadequate educational preparation of the ATSI students, and lack of educational and social support systems. A later study by Lawler, Ahern, Stanley, and West (1997) examined all applications for prenursing programs in New South Wales. Only 61 ATSI students, or 1.26%, applied to enroll in nursing. The study did not report how many actually were admitted or rejected an offer of enrollment.

In a report released by DEETYA in 1996, 25 recommendations were made to improve the performance of ATSI Australians at the university level. Many of these recommendations are currently in place today. These include the appropriate selection of students for particular courses, furnishing of adequate information about specific courses through orientation programs for ATSI students, and the provision of ongoing additional academic, social, and financial support for these students.

Unfortunately, only one of the recommendations refers to the significance of understanding the ATSI culture by nonindigenous staff, who have in the past unknowingly offended ATSI students. This recommendation, although significant, fails to describe what aspects of their culture need to be learned. The result has been a lack of both standardization of content and sufficient depth of knowledge about the cultures.

Now that the federal recommendations have been implemented for several years, it is time to evaluate the methods and strategies found useful by graduate ATSI students in the process of their education. It would appear mandatory that factors that can enhance performance and completion of their studies be explored and understood.

CULTURALLY CONGRUENT EDUCATIONAL STRATEGIES

One of the first initiatives specifically designed to promote retention of ATSI students was the Aboriginal and Torres Strait Islander Nursing Education Program (AINSEP, 1992), which was developed at James Cook University in North Queensland in 1990. This program, which highlights the significance of culture in the education of indigenous Australians, focuses on ATSI caring practices and aims to develop culturally sensitive nursing care practices. However, an evaluation of the outcomes of such a program needs to be conducted to determine its impact on the retention of ATSI students and, ultimately, on their contribution to the improvement of the health and welfare of ATSI people (Hayes & Monaghan, 1995; *ATSI Goals & Targets*, 1992).

Assessing learning styles and study strategies provides one method for examining differences in how learners learn rather than just focussing solely on their current abilities. Keane (1993) examined the influence of specific background factors, such as primary language, ethnicity, and length of time in residence, on preferred learning styles and study strategies in a culturally and linguistically diverse baccalaureate nursing student population in the United States. The study revealed a positive association between English as a primary language and self-study as a learning strategy. In addition, higher anxiety levels were found in students with diverse cultural backgrounds. These students, as well as having to adjust to the pressures of a new environment, may also have to process information in another language. On the other hand, a positive correlation was found between length of stay in the United States and information processing as a learning strategy.

Studies by Witkin (1976) and Lesser (1976) have reported that different cultures process information differently. Armstrong (1987); Dunn, DeBello, Brennan, Kromsky, and Murrain (1981); and Weinstein, Zimmerman, and Palmer (1988) also have indicated that to enhance educational effectiveness this variability of how information is processed needs to be assessed. Decker (1983) stated that certain cultural groups, due to their field-sensitive nature, may not find cognitive style learning to be the most efficient mode of learning. Decker suggests that these learners may benefit from frequent teacher-student interaction, emotional support, and collaborative group experiences.

Wittrock (1985) also reported that instructional strategies can be improved by understanding the cognitive and study processes of students. Saggers and Gray (1991) highlighted the contrast between Western and traditional methods of teaching, observing that the Western methods of teaching have not been as successful in traditional societies in which teaching is done in the course of daily activities. Traditional societies, such as the ATSI, emphasize observation, memory, calculation of such concepts as distance, and most important,

culturally congruent and more meaningful ways of teaching ATSI students.

The philosophy and content of nursing curricula based on Western ideologies is quite foreign and not useful for ATSI students (Gould, 1995; Gray & Pratt, 1995). Perhaps curricular models such as the one at James Cook University, North Queensland (Smallwood, 1990), and the primary health care model as suggested by Joan Winch (1989) might be more suitable alternatives. New and innovative curricula need to be developed based not only on needs identified by policy makers and non-ATSI nurse leaders but in collaboration with those who have an in-depth understanding of the health and welfare needs of the ATSI communities. These stakeholders include Aboriginal community leaders who are familiar with the cultural needs and values, beliefs, and practices of the ATSI peoples and their traditional practices, as well as ATSI nurse leaders, lawyers, and environmentalists. Such a culturally attuned and collaborative group could create a design suitable to the cultural needs of ATSI students.

Recognition of contextual factors. Family and kinship play a significant role in the life of ATSI students. Removing ATSI students from an environment that values kinship and family ties and immersing them into an environment that promotes individualism, independence, and high technology sets up the potential for cultural clash. It leads to anxiety and grief from the loss of close ties and support, which differs vastly from Western means of support provided through *cadigal* programs. (*Cadigal* refers to the academic, social, and financial support program for ATSI students at the University of Sydney Cumberland Campus.) To maintain kinship ties, consideration needs to be given to the possibility of a flexible delivery of curriculum content. This could include teaching some portions of the curriculum by means of distance learning techniques, thus allowing ATSI students to remain close to their familial support system as well as having the opportunity to observe their traditional health care practices firsthand. Nurses prepared as transcultural consultants, both ATSI and non-ATSI, could direct such programs.

CONCLUSION

This article has explored, described, and analysed factors that have been identified as having influenced the recruitment and retention of ATSI nursing students within the tertiary university level in Australian universities. The central core of the article has been based on the utilisation of culturally meaningful educational strategies to enhance recruitment and retention of ATSI students into nursing programs in the higher education sector in Australia. Strategies for change have been described to encourage nurse leaders who are involved in planning, coordinating, and implementing curricula for students of ATSI origins to become informed and knowledgeable as they take on such leadership roles.

REFERENCES

Aboriginal & Torres Strait Islander health goals & targets, 1992. Canberra: Australian Government Publishing Service.

Anderson, D. S., & Vervoorn, A. E. (1983). *Access to privilege: Patterns of participation in Australian post-secondary education.* Canberra: Australian National University Press.

Andrews, M. M., & Boyle, J. S. (1995). *Transcultural concepts in nursing care* (2nd ed.). Philadelphia: J. B. Lippincott.

Anunsong, C. (1987). On learning styles. *Clearing-House, 61,* 157-161.

Australian Bureau of Statistics. (1996). *Population distribution, indigenous Australians.* (Cat. No. 4705.0.) Canberra: Author.

Australian Department of Employment, Education, Training and Youth Affairs. (DEETYA). (1996). *Selected higher education student statistics.* Canberra: Australian Government Publishing Service.

Australian Institute of Health. (1990). *Australia's health 1990.* Canberra: Australian Government Publishing Service.

Bin-Sallik, M. A. (1989). *Aboriginal tertiary education in Australia: How well is it serving the needs of Aboriginals? A thesis for the degree of doctor of education. Harvard University* (Aboriginal Studies Key Centre, South Australian College of Advanced Education, Underdale Campus). Canberra: Australian Government Publishing Service.

Bourke, C. J., Burden, J. K., & Moore, S. (1996). *Factors affecting performance of Aboriginal and Torres Strait Islander students at Australian universities: A case study.* Canberra, Australia: Department of Employment, Education, Training and Youth Affairs.

Brink, P. J. (1976). *Transcultural nursing: A book of readings.* Alberta, Canada: Weveland.

Bush, A., & van Holst Pellekaan, S. (1995). Footprints, a trail to survival. In G. Gray & R. Pratt (Eds.), *Issues in Australian nursing 4* (pp. 219-233). Melbourne, Australia: Churchill Livingstone.

Cummings, B. (1990). *Take this child . . . from Kahlin compound to the Retta Dixon Children's Home.* Canberra, Australia: Aboriginal Studies Press.

D'Cruz, J., & Thom, C. (1993). *Nursing and nursing education in multicultural Australia.* Melbourne, Australia: David Lovell Publishing.

Dunn, R. (1983). Cultural diversity, another element to recognise in learning styles. *NASSP Bulletin, 67,* 43-48.

Dunn, R., DeBello, T., Brennan, P., Krimsky, J., & Murrain, P. (1981). Learning style researchers define differences differently. *Educational Leadership, 38,* 371-375.

Echeverria, A., Dowd, T., Marna, M., Nixon, L., Gray, R., & Cheng, E. (1996). *Binj Gunj: Bridging cultures in Aboriginal health.* Biddeford, ME: University of New England Press.

Edwards, C., & Read, P. (Eds.). (1989). *Lost children.* Double Bay, Australia: Doubleday.

Gould, S. (1995). Why are there so few Aboriginal registered nurses? In G. Gray & R. Pratt (Eds.), *Issues in Australian nursing 4* (pp. 235-252). Melbourne, Australia: Churchill Livingstone.

Gray, G., & Pratt, R. (Eds.). (1995). *Issues in Australian nursing, 4.* Melbourne, Australia: Churchill Livingstone.

Griffin, S. (1995). A cross-cost of care. In G. Gray & R. Pratt (Eds.), *Issues in Australian nursing 4* (pp. 283-300). Melbourne, Australia: Churchill Livingstone.

Haviland, W. A. (1990). *Cultural anthropology* (6th ed.). Chicago: Holt, Rinehart & Winston.

Hayes, B., & Monaghan, J. (1995). Redressing the imbalance: Facilitating the entry of Aboriginal and Torres Strait Islander people into nursing. In

G. Gray & R. Pratt (Eds.), *Issues in Australian nursing 4* (pp. 253-268). Melbourne, Australia: Churchill Livingstone.

Herskovits, M. J. (1955). *Cultural anthropology*. New York: Knopf.

Johnson, S. (1992). Aboriginal health through primary health care. In G. Gray & R. Pratt (Eds.), *Issues in Australian nursing 3* (pp. 155-170). Singapore: Longman Group United Kingdom.

Kaniasaki, O. (1988). Transcultural nursing: A challenge to change. *Australian Journal of Advanced Nursing, 5*(3), 4-11.

Keane, M. (1993). Preferred learning styles and study strategies in a linguistically diverse baccalaureate nursing student population. *Journal of Nursing Education, 32*(5), 214-221.

Kerr, I. (Ed.). (1988). *Being Black: Aboriginal cultures in settled Australia*. Canberra, Australia: Aboriginal Studies Press.

Lawler, J., Ahern, M., Stanley, A., & West, S. (1997). *Who wants to be a nurse? A report on applicants selecting nursing as a university course in NSW in 1997*. Sydney, Australia: John Thatit Publishing.

Leininger, M. (1970). *Nursing and anthropology: Two worlds to blend*. Columbus, OH: Greydon.

Leininger, M. (1978). *Transcultural nursing: Concepts, theories and practices*. New York: John Wiley.

Leininger, M. (Ed.). (1995). *Transcultural nursing: Concepts, theories, research and practices*. Columbus, OH: Greydon.

Leininger, M. (1997). Future directions in transcultural nursing in the 21st century. *International Nursing Review, 44*(1), 19-23.

Lesser, G. (1976). Cultural differences in learning and thinking styles. In S. Messick & Associates (Eds.), *Individuality in learning*. San Francisco: Jossey-Bass.

Lipson, J. G., & Steiger, N. J. (1996). *Self-care nursing in a multicultural context*. Thousand Oaks, CA: Sage.

Martinez, M. (1992). Providing effective health care in a multicultural society. In G. Gray & R. Pratt (Eds.), *Issues in Australian nursing 3* (pp. 25-60). Melbourne, Australia: Churchill Livingstone.

Meleis, A. I. (1995). Immigrant women in borderline societies: Marginalized and empowered. *Asian Journal of Nursing Studies, 2*(4), 39-47.

National Aboriginal Health Strategy. (1989). Canberra: Australian Government Publishing Service.

Omeri, A. (1991). *Survey of schools of nursing in Australia related to teaching transcultural nursing* Unpublished manuscript.

Omeri, A. (1996). Transcultural nursing: Past or future in multicultural Australia. In A. Omeri & E. Cameron-Traub (Eds.), *Transcultural nursing in multicultural Australia* (pp. 16-31). Canberra, Australia: Royal College of Nursing.

Omeri, A. (1997). Care: What it means to Iranian immigrants in New South Wales, Australia. *Hoitotiede: Journal of Nursing Science, 5*(9), 5-11.

Omeri, A., & Nahas, V. (1995). Cultural care nursing assessment. In G. Gray & R. Pratt (Eds.), *Issues in Australian nursing 5* (pp. 149-162). Melbourne, Australia: Churchill Livingstone.

Piacentino, J. (1986). Integrating Aboriginal studies into the general nursing course. *Australian Nurses Journal, 15*, 47-49.

Pierson, L., & Rogers, T. (1990). Nursing: A culturally diverse profession in a monocultural health system. *Australian Journal of Advanced Nursing, 8*(1), 10-18.

Reid, J., & Trompf, P. (Eds.). (1990). *The health of Aboriginal Australia*. Sydney, Australia: Harcourt Brace Jovanovich.

Saggers, S., & Gray, D. (1991). *Aboriginal health and society: The traditional and contemporary Aboriginal struggle for better health*. Sydney, Australia: Allen and Unwin.

Smallwood, G. (1990). *Aboriginal health by the year 2000*. Melbourne, Australia: Royal College of Nursing.

Spradley, J. (1979). *Ethnographic interview*. New York: Holt, Rinehart & Winston.

Townsend, J. K., & de Vries, N. (1995). Aborigines, nursing, and education. In G. Gray & R. Pratt (Eds.), *Issues in Australian nursing 4* (pp. 269-282). Melbourne, Australia: Churchill Livingstone.

Tylor, E., Sir. (1874). *Primitive culture* (Vol. 2). New York: New York Publishers.

Weinstein, C., Zimmerman, S., & Palmer, D. (1988). Assessing learning strategies: The design and development of the Lassi. In C. E. Weinstein, E. T. Goetz, & P. A. Alexander (Eds.), *Learning and study strategies: Issues in assessment, instruction and evaluation* (pp. 25-40). San Francisco: Jossey-Bass.

Winch, J. (1989). Why is health care for Aborigines so ineffective? In G. Gray & R. Pratt (Eds.), *Issues in Australian nursing 2* (pp. 53-70). Melbourne, Australia: Churchill Livingstone.

Witkin, H. (1976). Cognitive style in academic performance and in teacher-student relations. In S. Messick and Associates (Eds.), *Individuality in learning* (pp. 38-72). San Francisco: Jossey-Bass.

Wittrock, M. (1985). Student thought processes. In M. Wittrock (Ed.), *Handbook of research on teaching* (3rd ed., pp. 297-314). New York: Macmillan.

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