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Stories from Pacific Island nurses: Why do Pacific Island Bachelor of Nursing students not return to their own countries after being scholarship recipients?

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Stories from Pacific Island nurses: why do Pacific Island Bachelor of Nursing students not return to their own countries after being scholarship recipients?

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Many Pacific Island nursing students who come to New Zealand to study on scholarships choose not to return to their country of origin. The literature suggests some possible reasons including increased global opportunities (Sanders, 2003., Pross, 2003., Kline, 2003)., confusion about where the students' future lies (Tiatia, 2000)., and a curriculum that has limited relevance in Pacific communities (Southwick, 2001., Thaman, 2002). This research, using narrative inquiry, explores the stories from scholarship recipients. Five graduates of a Bachelor of Nursing programme and the nursing health authorities of a Pacific Nation reveal that difficulties getting employment, a lack of welcome from officials and nurses at home, and the lack of professional opportunities are factors that prevent graduates returning home.

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CHAPTER ONE

Introduction

“O le tele o sulu e maua ai figota o le sami”.

This Samoan proverb means the more torches/lights used, the more shellfish you can find. The more ideas and suggestions that people contribute; will help to shed light on challenges that are faced.

The light shed by this research will assist in the resolution of some challenges for future Pacific Island nurses. There are many challenges that face students who study in a country other than their own with the expectation that they will subsequently return to their own home and utilise the skills and knowledge that they have gained. The nurses who are participants in this research were studying in a Bachelor of Nursing (BN) programme in a Polytechnic in New Zealand. They were students between the years 1998-2002. The students were supported in their education through Aotearoa scholarships, which are administered in New Zealand as part of the aid and development budget. Many of these students do not return to their own countries after completion of their studies (Personal communication New Zealand Agency for

International Development [NZ AID] personnel, June 2003., Davenport & Low, 2004). I wanted to know what the reasons were. The focus of this research is the stories of five scholarship recipients.

The aim of this research is to find some answers to the question: “Why do Pacific Island Bachelor of Nursing students not return to their own countries after being scholarship recipients?” In this research, I have used the expression “Pacific Island” to include separate cultures and diverse peoples. I have used the abbreviation PI to represent these different cultures. I am aware that by doing this I am reducing important distinctions between the different cultural and ethnic groups, and that people of these groups would self-identify as Samoan, Tongan, Tokolau and so on. I do not wish to stereotype all Pacific peoples as the same, as I am aware of the huge range and diversity amongst the peoples of the Pacific. Each chapter is introduced with a proverb from a different culture as a representation of this diversity.

Personal assumptions

I am a lecturer in the BN programme that the participants were involved with. I taught all the research participants at some stage in their three-year course. My assumptions prior to this research of why students chose not to return to their own countries as registered nurses were:

- The Bachelor of Nursing (BN) curriculum that I am involved in teaching in does not appear to have relevance, or be suited to application in the Pacific Islands. Indigenous values and health practices are not valued or included in the programme (Southwick, 2001., Ministry of Health, 2003).

- Education that occurs in a culture outside of one's own confuses and displaces people, creating a cultural dislocation (Thaman, 2002., Tiatia, 2000).
- Some scholarship recipients never intended to return home because career openings outside their own communities are greater (Kline, 2003., Davidson & Daly, 2003).

Each of these assumptions raised issues that are explored in this research, and are briefly explained now. The first assumption of curriculum relevance relates to the domination of educational curriculum and educational practices by Western models, despite their intended application to other cultures. The BN curriculum that I am involved in appears to be lacking in aspects that address cultural diversity amongst the student group, despite mission statements, as stated in the strategic directions document, that embrace cultural diversity (Whitireia Community Polytechnic, 2001). In her thesis Southwick (2001), writes of the BN curriculum having nothing in it that addresses the needs of Pacific students to enable them to work with their own communities; therefore, they feel unprepared and unwilling to work in areas that have high numbers of Pacific people as clients/patients. She identified the need for development of "education programmes that are pedagogically designed to specifically meet the needs of Pacific students and Pacific communities" (Southwick, 2001 p122).

It is important that the need of curriculum relevance be addressed when increasingly Pacific communities are demanding, and are entitled to, health services that are appropriate and accessible. This is reinforced by both the Ministry of Health (1997, 1998 and 2002) and the Ministry of Education (1995 and 1998) as they wish to assist

capacity building within Pacific communities. Capacity building will be assisted by a curriculum that health professionals can use effectively. Hence, there is a value in this research with regard to the perceived relevance of the BN nursing curriculum for scholarship recipients.

I believe there is a need for nursing education that is relevant to Pacific communities, both within New Zealand and throughout the Pacific. Part of the need for relevant curricula reflects the suitability of infrastructure available in the countries where people are expected to practice. For example, one person told of their “fantastic experience of being in New Zealand”, but how little of the course they were able to implement on returning home because the infrastructure was so different from where they had been taught (Personal communication, Jean, July 2003). She said there is little benefit in teaching about computer programmes if electricity is available only at limited times at home, as is the case in some Pacific Islands.

In the next chapter, the review of the literature will examine international writings on this subject of curriculum suitability, or relevance, with particular emphasis placed on writings that address curricula that are used in the Pacific region.

The second assumption of cultural dislocation (page 3) is that education outside one’s own culture confuses and displaces people, creating a cultural dislocation for the individual concerned. There is evidence to suggest that there is a risk of becoming disconnected from one’s own culture through embarking on education within NZ for members of groups of another culture. Tiatia (2000) discusses her personal experiences in this regard and Southwick identified that there is reluctance for “NZ

born and educated Pacific nurses to work in and with their own Pacific communities” (2000 p126). She suggests this may be because their nursing programmes do not prepare them well for this work, but also that there is a fear that, if the nurses do work with their own communities, others may judge them as being “not Pacific enough”. Southwick (2001) advocated the need for more research to be done in this area. The writings of other authors will be examined in the next chapter on this subject of cultural dislocation.

The third assumption raised on page 3 is about globalisation, where the increased opportunities created by education in New Zealand for the scholarship recipients detracts from them returning home to work. Globalisation is defined as a “set of processes that lead to the creation of the world as a single entity, relatively undivided by national borders, or other types of boundaries (for example cultural or economic)” (Bettcher and Lee, 2002 p8). The migration of nurses to seek better wages and working conditions than they have in their native countries is an ongoing issue for staff retention in developing countries (Kline, 2003) and is part of the globalisation of employment. The literature about globalisation is divided as to whether it is having a positive or negative impact on individuals and societies, and this will be explored in chapter two in the review of the literature.

Justification for the research

These were the issues and assumptions I had when embarking on this study. They needed to be challenged and explored. There is a need for research to ascertain the reasons why scholarship recipients do not return home on completion of their BN programme. People who would benefit from such information include nursing

students, nurse lecturers, employers and health providers, scholarship administrators and eventually those who are the recipients of health care services. This is important research for the following reasons:

First, New Zealand makes a significant contribution in the area of education as part of its aid programme. How well is this spent in nursing education?

Second, to identify what is in the BN curriculum that is specific for Pacific Island contexts.

Third, to identify positive and negative experiences for scholarship recipients and reveal how curriculum and programme delivery can be improved.

Fourth, to develop strategies to enhance a programme, in order to improve health outcomes in Pacific Island countries.

Fifth, to hear the stories of those who have successfully completed a BN programme of study.

A further reason for the need for this research project relates to the policies and procedures regarding the allocation of scholarships, which have recently been changed. The Aotearoa Scholarships that the participants in this research were on will be phased out by 2006. (Personal communication, personnel at Technology Training Transfer, May 20 2003). Another scheme with a different focus will replace it. The primary reason for this is that according to NZAID (Personal communication with NZAID personnel, June 2003., Grossman & Lees, 2001) the recipients were not returning home on completion of their studies. 62 nursing students have come to New Zealand on the Aotearoa Scholarships, 49 females and 13 males (Personal

communication NZAID personnel, May 2004), and it is known that many of these students do not return to their own countries after completion of their studies. A recently released tracer study of tertiary level scholarship and award holders, (although not specifically addressing nursing students) found that one in five of the Cook Islands cohort was known to be in their home country. One in two of the Tonga cohort was known to be in their home country; 78% of the Samoa cohort was in their home country; and 86% of the Vanuatu cohort was in their home country (Davenport and Low, 2004).¹ Attempts to enforce students to return to their home country through a variety of bonding arrangements (such as the NZODA Funded Scholarship Declaration; the Cook Islands' Study Award Policy; and Bonds to Return Home) appear to have been unsuccessful in many cases.

The statistics are available to show that a limited number of scholarship recipients return home, however, the reasons why scholarship recipients are not returning have not been explored. As I explain on page 13 and 34 these scholarships have been a significant part of the development of the profession of nursing in Pacific countries. I believe that it is appropriate and relevant to find out from those who are involved in such scholarship schemes what their experiences have been in order to ascertain whether withdrawing the scholarships is in the best interests of the individuals or the communities from which they come. The experiences of the scholarship recipients have not been documented and the stories that they may have to tell could be a valuable resource for those who follow them on similar schemes after 2006.

1. These statistics are at variance with those given by Thyna (2004) who states that "all Ni-Vanuatu graduates return home after studying overseas; therefore we are spared the problem of brain-drain." (Cited Sanga, Niroa, Matai and Crowl 2004 p190)

Altering the scholarship scheme may make it increasingly difficult for Pacific Island nursing students to access Bachelor of Nursing education and it may reduce the number of qualified nurses who return home as experienced nurses one day. Therefore this research may assist in the empowerment of both individuals and groups, by providing answers as to why graduates choose to nurse in New Zealand rather than return to their country of origin.

Personal comment

I would now like to turn to an explanation of myself, and my view of the position of the researcher. I am a nurse with over 20 years experience working in a variety of countries and cultures. As a nurse educator, I have worked for nine years in a New Zealand Polytechnic, which has a rich and varied cultural and ethnic mix of students. I am of a different culture from the Pacific women who are the participants in this research. I am Palagi (a person with no ethnic association to a Pacific Island) with different ethnic, economic, professional and socio-economic experiences from the participants. I am part of the dominant hegemony in New Zealand. This places me in the awkward position of feeling part of the ethnographer's dilemma in that "black people" are "being talked about" (Clifford, 1988 p80 cited Southwick, 2001 p14). I am aware that frequently "marginalised" groups are spoken for rather than speaking for themselves. While I acknowledge that the people of the Pacific cultures to which the participants belong may have carried out this research, my interest in this topic is to explore ways in which nursing education courses may be made increasingly relevant. Many of the lecturers are Palagi and we need to know how to improve our educational practices. I have extensive knowledge of the programme in question and so I suggest it is appropriate research for me, as a cultural outsider, to undertake. My

focus is on how the New Zealand side of the equation may be improved in order to best meet the learning needs of the students here, and create greater ongoing partnership with nursing in PI communities. This I suggest is justification for a Palagi doing this research.

Research approach

There are aspects of Polynesian societies that have been researched for many years, mostly by those who are not of PI origin. For example, islanders undertook only about one third of 68 studies on Pacific peoples referred to by Crocombe (1992). As a researcher I am not comfortable with the “smash and grab” approach to research (Webb, 1990, cited Crookes & Davies, 1999) where researchers come into situations, grab data and then disappear again. I would like the participants to feel a sense of ownership of the material, the completed research and the outcomes. It is their stories that are the focus of this work. Hence, the methodology chosen for this research is narrative inquiry. Ten participants were interviewed, five using semi-structured taped interviews, which were subsequently transcribed, and the stories analysed. Another five were part of a focus group interview. More about this is covered in the chapter on research design (page 43).

I am grateful to the participants for their assistance, time and energy and I am in awe of the obstacles they have overcome in their educational journey as nurses. I am mindful of the wealth of Pacific knowledge and the richness of the cultures and languages of the Pacific.

In closing this introductory chapter, I provide an overview of the rest of the work. In the following chapter the literature relevant to the topic is reviewed, this is followed in chapter three by the explanation of the research design. The results are presented in chapter four, I refer to this as the presentation of the stories although only snippets are offered here. Unfortunately there was not the space in this thesis to give the words of the participants in their entirety. There is a discussion of the findings beginning on page 99, then the concluding chapter offers some recommendations that have emerged from this research. There is the scope for further research in the area and some suggestions are made regarding this, to complete the thesis.

I wish to note that throughout the work I have referred to nurses as female, however this is not intended to suggest that all nurses are female, or that I believe they should be! It is simply for convenience of writing.

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CHAPTER TWO

Review of the Literature

“Akara ana I te mato I paoia mai koe”

This Cook Island proverb means to value your early beginnings, or look and reflect back to your foundation/roots from where you began.

The foundations for this research came when I lived in Kenya ten years ago. I was interested that nursing students came into Nairobi, a large city, for their nursing studies. Subsequently they returned to rural settings where there was neither the equipment nor the personnel to support the kinds of decisions they were making based on their urban learning. Now I am teaching some PI nurses with the intention that they too will return to very different environments to work. I considered some questions such as: Are there some ways in which their learning could be made increasingly relevant and appropriate? What are the benefits and limitations of their education and does it equip them for employment in their home environments? If they choose not to return home to work what are some of the reasons for this? In considering these questions I realised the need for this research. These reasons for were outlined on page 6, and I refer back to them throughout this thesis.

Other foundations of the research lie in the literature that has been written. There is a dearth of literature that specifically looks at the experiences or employment of PI nursing scholarship students. Of the 6293 research projects in developing countries identified by Brown and McGillivray (2001) only nursing education in Nepal and China have been the subject of research. Therefore, in order to explore the issues raised in the introduction, relevant literature was examined and discussed. The following headings are used:

- Curriculum relevance (see page 3). As outlined in the introduction the curriculum is a significant issue to explore in terms of this research. It was my assumption that the lack of relevance of the curriculum was a reason why the graduates from the BN programme chose not to return home for employment on completion of their studies in NZ. I also identify the advantages of using curricula that have relevance.
- Cultural dislocation (see page 4). The literature that addresses the difficulties of living and learning between two cultures is examined.
- Globalisation (see page 5). The opportunities created by attaining an international qualification make it more difficult to return to island communities with less to offer in terms of employment.

Each of these sections impinges on and has a connectedness with each other. They are separated here as strands, however in reality weave together, with each affecting the other. Before addressing these areas, a brief statement about the scholarship programme will clarify for the reader what is involved.

Aotearoa scholarships

The Aotearoa scholarships scheme grew out of the arrangements in the 1970s and 1980s under which Pacific students studied privately in New Zealand and the cost was born by the Education Department. Prior to 1994, the scheme was known as South Pacific Fees Scholarships (Personal communication NZAID personnel, June 2003). The purpose was to assist students develop skills and knowledge with the intention that recipients then returned home to provide resources and skills to develop the profession. Scholarships are offered in a range of areas, but the focus in this work is on those who receive them for nursing education. Assistance to access education abroad has been important in assisting PI countries develop socially and economically. For example, Pele Stowers, Director of Nursing in Western Samoa, speaks of the importance of seeing locally qualified nurses having access to advanced study at degree level, which was previously unavailable in Samoa. “This will provide a strong foundation for the future of nursing in Samoa” (cited Barclay, Fenwick, Nielson, Poston-Anderson, Stowers and Wilkinson, 1998 p122). She talks of the importance of nurses being able to practice autonomously within the context of their culture and heritage, and that this is not possible without advanced education, which must be accessed outside of Samoa. Assistance with financial support to access the education is pivotal.

Inherent in the establishment of the scholarship scheme is the belief that western education is superior to local Pacific ideas. Unfortunately this ideology tends to reduce the value of local knowledge, and contributes to a sense of cultural dislocation for students. This will be explored in this research.

Nursing education within PI countries consists of a two-three year course of study that is provided by the hospitals and resembles the diploma course previously offered in New Zealand. A BN programme is seen as a significant way to facilitate greater professionalism of nursing and such courses are being developed throughout the Pacific Nations. Despite the development of these local nursing programmes, there is still a demand for nursing education from both New Zealand and Australia.

Access to this education can create tensions between the need for advanced education to improve one's local professional standards, and the relevance of the curriculum if imposed from outside. As indicated at the outset of this research (page 6) I was interested in identifying positive and negative experiences for scholarship recipients. For them the need for education beyond their own culture is assumed, but they are, I believe, often unprepared for the tensions created subsequently.

Curriculum relevance

The concern about how relevant one's learning when transplanted to another culture is not a new issue. At the core of this is what is seen as the nature of important knowledge for that culture, and this is not a new concern. I include as an appendix (p161) a view of education that reinforces this from two different cultural perspectives from the year 1744.

I had concerns that the BN curriculum had little to offer PI students for application to domestic environments in their countries. As stated on page 6, I wanted to identify what is in the curriculum that is specific for PI contexts. The literature consulted includes international and Pacific literature, in both education and in the more

specific area of nursing education. This section will examine curriculum relevance in two sections: First, the world views in which curricula are set, including the advantages of relevant curriculum. Second, I will examine the BN programme that participants in this research studied.

World view

When considering curriculum relevance a primary consideration is whose world view the curriculum is set in. Formal education in New Zealand is based on European principles that are at variance to traditional Pacific educational ideas (Thaman, 1995). For example, the Tongan cultural values, which underpinned Tongan education, included an emphasis on “the spiritual and supernatural; formal conformity; rank and authority; kinship and interpersonal relationships...Such values were important in maintaining and continuing a culture which was group orientated rather than individual-orientated” (Thaman, 1995 p726). In contrast, Western ideals that are reinforced through education include activism, independence, individuation and assertiveness. To impose such concepts on those from cultures who do not hold the same views, and to have these reinforced through the education requires students to abandon, to some degree, their identity (Paterson, Osborne and Gregory, 2004).

Konai Thaman (2002) strongly challenges educators to ensure that educational curricula identify and “reclaim Pacific worldviews, perspectives, knowledges and wisdom because these are rooted in the very environments and cultures of the people” (p4). She states that the “challenge for everyone...will be the recognition that for over 100 years , formal education (including higher education) has not fully recognized the cultures of Pacific Islands peoples, including the ways in which they

communicate, think and learn” (2002 p4). Her views are reinforced in nursing education literature by Sturch (1994 cited Hassouneh-Phillips and Beckett, 2003) who found a need to critique Eurocentric nursing curricula, noting that “the imposition of one set of cultural values on students from diverse cultural backgrounds is both an ethical and practical concern for nurse educators” (p259). In their research looking at the experiences of “women of colour” as students in nursing programmes it was revealed that discussion of non-European cultures was not encouraged, that the students “wore masks” to hide their hurt, anger or confusion in the face of racism and the importance of having access to people of colour to support them was expressed. This last issue of support was subsequently raised in this research project as an aspect that was a positive experience for the scholarship recipients while they were studying.

Another specific nursing education curriculum issue is raised by research carried out by Yamashita (1998 cited Stockhausen and Kawashima, 2003). This indicates that nursing education in Japan has been “hampered with a view that values western knowledge over national knowledge. A clear indication of this is reflected in the adoption of imported nursing theories and models of practice from overseas...many nurses lack the analytical skills to discern the cultural appropriateness of borrowed ideas.” (p214). There is thus concern expressed in international literature about how the world view that underlies education can alter the effectiveness, or relevance, of education, and nursing education in particular.

Within Pacific nursing literature the theme is explored by Barclay, Fenwick, Nielson, Poston-Anderson, Stowers and Wilkinson (1998). They make the point that the resources, health problems and culture of non-western societies make “uncritical

translation of both metaphors and health systems problematic” (1998 p x). Their book about the development of nursing in Samoa very clearly articulates the difficulty of implementing a western curative model of health. This has as its key concepts illness, disease and the individual, which were in conflict with Samoan culture and the fa’a Samoa, with its group focus. For a curriculum to have relevance people need to have a connection to what they are learning, and if this does not occur the education feels imposed. For example, when writing of the western nursing curriculum that was imposed on Samoan nurses Natu commented, “No-one wanted the curriculum, it was not theirs” (cited Barclay et al, 1998 p8).

The New Zealand BN programme is founded on Western principles of health and disease, and European concepts of education. Characteristics of the Nightingale era of nursing are arguably elements present today (Ryan, Carryer and Patterson, 2003). It would not be surprising that there may be aspects of this programme that PI scholarship recipients may have difficulty in finding the relevance to their contexts.

Advantages of relevant curricula

I have examined the difficulties that can be encountered when an educational curriculum that is at variance with the world view of those who are learning it. On the other hand the advantages to people when curriculum is relevant are also acknowledged in the literature. These will now be discussed.

Richardson and Blanchet-Cohen (2000) identify curriculum relevance as a key area that required attention for the successful education programs for Aboriginal peoples in Canada. In their writings, they not only discuss the philosophy, or world view, that

underpins education, but they also talk of the success of relevant content in educational programmes for First Nation people in Canada. In particular, they discuss the importance of all students learning First Nations caregiving traditions, values and practices as well as those of the mainstream culture. This reinforces the value of these indigenous practices, which is in contrast with the experiences of students whose cultural beliefs are diminished when one learns only the dominant culture's ideologies. Such educational practices, as described by Richardson and Blanchet-Cohen does not occur within the BN programme that is the focus of this work. It would be difficult to implement if there were several different cultures to accommodate. However, reinforcing the value of ones own practice, rather than it being seen as something to leave behind as a relic from ones past could contribute to the successful education for individuals who are from cultures other than mainstream.

The empowerment that occurs when Pacific Island curricula needs are addressed is provided in nursing literature. The importance of being able to create ones own relevant curriculum is emphasised throughout the book "Samoan Nursing: The story of women developing a profession." (Barclay et al., 1998). The importance of "A nursing curriculum based around their own cultural concepts of health, illness and healing" (p125) is emphasised throughout these women's' stories. For example, Nato (1998) talks of the wonderful moment when Lesley Barclay encouraged the Samoan nurses to develop their own curriculum that was based on Samoan understanding of health and care. "For the first time we were going to be able to combine our own

culture with nursing philosophy. It was a wonderful moment and one that was unexpected.” (cited Barclay et al. 1998 p9).²

The literature that addresses the education of Pacific Nurses in a New Zealand setting is limited, and the experiences of PI nurses who have returned to their own countries to practise are not well documented, hence a publication such as that edited by Barclay has been drawn on extensively in this section of the literature review. The lack of literature further reinforces the need for this research.

Curriculum of Bachelor of Nursing Programme

This section will examine the nursing education offered at the institution where I teach. One of the purposes of this research, as outlined on page 6 was to develop strategies to enhance the programme, in order to improve health outcomes in PI countries, and to identify what is in the curriculum that is specific for PI contexts. The BN programme in New Zealand is designed and approved by the Nursing Council of New Zealand (NCNZ). Educational institutions are accredited to deliver the programme, using their own curriculum.

In general the BN programme in NZ has been criticised for having a lack of PI content. The recently released National survey of Pacific Island Nurses and Nursing Students (Ministry of Health 2003) shows that there was a general lack of Pacific content in the nursing studies programmes in New Zealand. 71% of PI nurses were enrolled in programmes that lacked Pacific content. Pacific nurses in Aotearoa/New

² It is of interest to note that the nurses in Nato’s discussion were telling their own stories very powerfully. The use of narrative in PI communities is a traditional method of communicating information, which was a contributing factor in choosing the methodology for this research.

Zealand form the largest proportion of the Pacific health workforce, with nursing being seen as an increasingly attractive profession for PI people. In 2000, 802 Pacific nurses were registered with the Nursing Council of New Zealand; this number had risen to 964 by 2002, (Ministry of Health, 2003 p64). It is culturally appropriate to include a Pacific focus in the curriculum for these nurses, regardless of whether they are on scholarships³.

It will be useful to determine if this lack of Pacific content seen in the NZ BN programme generally, is true for the particular curriculum studied by the scholarship recipients who participated in this research. As identified earlier, the BN curriculum studied in NZ by the scholarship recipients who were participants in this research is an internationally recognised qualification. It adheres to NCNZ guidelines and as such has international application and applicability (Nursing Council of New Zealand, 2003). The specific course offered at Whitireia Polytechnic has been developed for the local student community group, which consists of a high proportion of Maori and Pacific Island communities (Whitireia Community Polytechnic, 2001). It endeavours to have aspects that increase the accessibility and appropriateness for these population groups, including staff from these backgrounds. Unfortunately, at the time of writing there was only one Maori nursing lecturer on staff, and no-one who identified as Pacific teaching on the BN programme. The BN programme will be explored in this section under the headings of philosophy of the curriculum, the content, and the assessments.

3. A BN programme that is specifically designed for PI students has been commenced at the educational institute where these scholarship recipients were students. This course commenced in 2004.

Philosophy of curriculum

Part of the stated philosophy of the BN curriculum is partnership and the challenging of hegemonic processes.⁴ (Whitireia Community Polytechnic, 1996). This curriculum states that “From the literature, and our own experience of teaching to culturally and socially diverse students we believe that a single world view approach to teaching and learning...is not only educationally inadequate but also morally indefensible...We extrapolate that there are many world views, many ways of knowing” (Whitireia Polytechnic, 1996 p11). A curriculum that holds such a philosophy should perhaps have relevance and be able to allay some of the cultural concerns (diminishing of cultural knowledge and ignoring the world view of other cultural groups) that were outlined in the section on curriculum relevance(page 14).

The course commences with an introduction to the Treaty of Waitangi which is the founding document of Aotearoa New Zealand. Issues relating to the health of Maori are explored, giving an immediate nursing relevance to this document. By beginning with this, students become aware of the principle of partnership, as it relates to health. This principle has a major part to play in the philosophy of the BN curriculum. It is a conscious theme in every paper and is fostered through the relationships created with the lecturers who are available, friendly and supportive of students. This is at variance with the expectations of many of the students (especially from PI backgrounds) whose previous educational reality has been of a hierarchical system. Partnership and support is also shown at the Polytechnic by the strong student support structures available to assist students. For example, there is a Pacific liaison officer, extra learning support, staff and educational support time is structured into the timetable.

4. This institution has redesigned its curriculum since the time of writing this research. It is the “old” curriculum that is the subject of this discussion.

Provision of such supports are supported by the research of Hassouneh-Phillips and Beckett (2003) as discussed on page 16.

Content

It was within the content of the programme that I had the most concern with relevance to PI environments. The papers that are included in the BN range from research papers to sociology and nursing practice. There are papers that address growth and development, bioscience, communication, and cultural safety. All twenty five papers are compulsory, which I do not believe is consistent with a principle of partnership as it removes choices for students. Within the papers that constitute the BN programme there is very little that has a specific Pacific focus. Although different cultural ways are acknowledged and affirmed, they are seen as peripheral to the “norm” or the way in which nursing is carried out. One of the difficulties with attempting to structure a curriculum with a less western focus has been the lack of learning resources. For example, there has been a dearth of growth and development literature that focuses on a range of cultures and it is with some relief that lecturers are more recently able to use resources with a more Pacific focus.

It is a strength of the curriculum that a broad definition of health is used as a basis.

This is stated in the curriculum document as:

“Health is a subjective state of wellbeing influenced by culture and environment. Waiora, unity of the soul, the mind, the body and the family, is another way of looking at health. It is dependent on the recognition of one’s Mauri, one’s inner strength, one’s vital spark. The balanced flow of energy between the self and the environment enables

one to make use of this force. Whaiora, the pursuit of wellbeing, is a requisite for achieving a fair and just society.” (Whitireia Community Polytechnic 1996 p105).

I would argue, however, that this definition is still narrower than most explanations of health from non-western cultures. For example a concept of indigenous health as proposed by the World Health Organisation is:

“both a collective and an individual inter-generational continuum encompassing a holistic perspective incorporating four distinct shared dimensions of life. These dimensions are the spiritual, the intellectual, the physical and emotional. Linking these four fundamental dimensions, health and survival manifests itself on multiple levels where the past, present and future co-exist simultaneously” (1999 cited Durie, 2003 p510).

Within the curriculum offered to current nursing students different models of health are presented and explored. There is one Pacific Island model of health presented, and it was of interest to me that when I specifically enquired of the research participants about this, no one recollected the model. This led me to conclude that there had been little time or energy put into this component of the BN programme. Helman (2000) examines issues of health and illness from different cultural perspectives and affirms the difficulties that can be experienced when one’s cultural underpinnings are not supported by the teaching that is offered. I suggest some basic content and assumptions that the scholarship recipients are taught might be in conflict with their

underlying assumptions about health. This could contribute to a lack of relevance in the curriculum.

As previously explained, it is my assumption that some of the content that is covered in the course may not be useful for the transplantation to Pacific Island communities. When considering the content of a curriculum for translocating to another setting, it is important to consider the technologies and infrastructure that is available. For example, there is little benefit in learning about research using computer databases if electricity is only available three days per week at home. As evidenced by Soli, having studied in New Zealand (although not at the educational institution that is the focus of this thesis) she returned to nurse in Samoa, and experienced infrastructure problems. She states, “I wanted to apply some of the things that I had learnt in New Zealand. But it was so frustrating at times. There was never enough money to implement the things you wanted or to buy the equipment” (cited Barclay, 1998 p 104). Nurses are anecdotally renowned for their use of initiative and ability to adapt procedures and equipment to a range of situations. However, if scholarship recipients cannot utilise knowledge and skills gained because of a lack of equipment at home, there is potential for a sense of frustration. The results of this research will reveal that this was indeed a factor in why scholarship recipients were less likely to be at home working, and suggests a lack of relevance in the content of the curriculum.

There is no scope within the BN programme for students who do not identify as New Zealanders to explore issues, as they would relate in their indigenous settings. For example, when discussing the immunisation schedule offered to infants in New Zealand, it may be useful to offer an alternative paper, or assessment within a paper,

that allows students to examine the manner in which this is carried out in their own countries. Such curriculum changes may be able to encourage students to see that their learning has relevance in their own contexts on completion of the course, and thus encourage them to return to their own communities.

In terms of this research, a significant aspect of the curriculum is cultural safety. This is a required component of the BN curriculum throughout NZ. Cultural safety is defined as “The effective nursing...of a person or family from another culture, and is determined by that person or family.” (Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa 2002 p7). Cultural safety education is: “focused on the knowledge and understanding of the individual nurse, rather than attempts to learn accessible aspects of different groups. A nurse who can understand her own culture and the theory of power relations can be culturally safe in any context” (Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa 2002 p8). In terms of implementing cultural safety in an educational setting, if the words teacher/teaching replaces nurse/nursing in the above statements, one may provide a beginning point for cultural safety to occur. I had concerns that educating nurses from one culture in a manner that undermines their own culture is culturally unsafe practice. In order to determine this I needed to ascertain whether the scholarship recipients had found the education positive, or negative, as outlined in the reasons for this research on page 6. This would determine how culturally safe the experience was.

There is a strong cultural safety component woven throughout all the papers that make up the three years of the BN programme, with a specific paper dedicated to this

topic in each year. As will be seen in the results of this research cultural safety was an important and valuable aspect of the curriculum (page 82).

Assessment

The nature of what constitutes knowing and what it is necessary to know are fundamental assumptions that are central to educational practices. Societies differ in what they consider to be worthwhile to transmit to their young, and how they consider individuals to demonstrate successful command of such skills and knowledge. In the same way, educational practices of different professions require demonstration of key aspects of that knowledge. Dominant cultural assumptions about “knowing” and “appropriate knowledge” are implicit in the design of most educational assessments (MacKinnon and Manathunga, 2003., Thaman, 1995). For example, within nursing assessments students are required to demonstrate aspects of independence and assertiveness. If a teacher requires that a student be more active and open in their participation, or more assertive in their interactions with the nursing or medical staff, they may discount the cultural norms that prohibit such behaviour (Paterson, Osborne & Gregory, 2004).

The assessment policy as stated in the BN curriculum has the belief that success is possible for each student. Success is defined as “Successful completion of set criteria and outcomes for each course, (or paper) and 100% of courses passed” (Whitireia Community Polytechnic, 1996 p24). Assessment within the BN does attempt to encompass a range of approaches to accommodate a range of individual preferences and cultural characteristics. There are various assessment formats throughout the three-year BN curriculum. For example, students may be required to present a poster

of their work to a class, or participate in discussion groups, which are assessable. However, it is my belief that the dominant culture views drive the assessment methods. There is an emphasis in assessment on academic writing skills, and the use of information technology. This places students who have had limited opportunities to develop these skills at a disadvantage. However, in order to assist successful completion of assessment there is a policy that permits reassessment of certain pieces of work. This reduces the stress for individuals.

Assessment is used to foster improvement, not just to grade student work. The assessments for papers within the BN programme are both formative and summative. Feedback is given to students on formative pieces of work that can then be incorporated into the summative work. It is my belief that the assessment process within this BN programme of study is very supportive of students' learning and is a strength of the programme. However, in MacKinnon and Manathunga's (2003) research one student commented that they did "not realise that they could use examples from their own cultural experience in talking about a piece of assessment, because the examples provided had all been western" (2003 p138). This comment raised a challenge for me to include a range of cultural examples, both in course work and assessments. There is a need for assessments to reflect the cultures of students, and help students become more aware of and knowledgeable about their own cultures, and the cultures of others (Hood, 1998).

Western assessment processes frequently do not cater for group work as the philosophy of individualism drives the assessment focus. PI communities are comfortable working in groups, and benefit from discussion about the topic. This

cultural strength is difficult to reflect in assessments. Within the BN programme, there are some summative group assessments, but these are fraught with difficulties, from a western educator's viewpoint. For example if one group member does not complete a part of the groups' work as expected, should the entire group fail the assessment?

It is therefore clear from the literature that the BN curriculum offered to students in New Zealand, although an internationally recognised qualification has little to offer that is specifically relevant to Pacific Island communities. One reason for this I believe is that the curriculum arose from a Eurocentric model, and is focused on a western worldview. This research will help to identify if there are ways in which the curriculum could be enhanced, and thus will help to answer the research purpose as detailed on page 6.

If the curriculum does not work in PI settings, it could affect people's decision to return home to work as a nurse. Why would one go to work in an area where one felt that the skills and knowledge gained over a course of study were not useful or relevant? Of the literature examined, little specifically examined the experiences of those who had been educated in nursing in a culture and curriculum different from their own. There is thus a gap identified through this review of the literature that the research project may address.

An additional concern is that education can confuse and displace people when they study in a culture other than their own. The literature that relates to this assumption is now explored.

Cultural Dislocation

As identified on pages 3 and 4, I assumed that education outside one's own culture confuses and displaces people, creating a sense of cultural dislocation. This can be described as being bewildered by the social realities brought about by change, as people deal with altered social systems (Majid, 2002). This can occur both while studying and on completion of the education when attempting to re-orientate to one's own environment. I believed that this was a reason why the scholarship recipients chose not to return home, as they felt alienated from their environments. There is literature to support this view, which will be examined in this section.

“Language, culture and educational expectations are major factors that must be considered in planning cross-cultural education” states Pardue and Haas (2003 p72). Knowledge of these expectations can enable educators to reduce cultural dislocation while students are studying. Overseas students from a range of countries and cultures come to NZ to study, but as identified by Beaver and Tuck (1998) there is an absence of systematic research on the adjustment and needs of these learners. In their study students experienced concern about studying, approaching lecturers, making friends and asking questions in class. They frequently had anxiety over their career choice, accommodation and family. Such concerns are not necessarily present for local students. Health problems such as headaches and sleeplessness are higher in students from overseas than for New Zealand students. Pacific Island students have generally higher anxiety about studying than Asian or Pakeha students (Beaver and Tuck, 1998). Finau (1997) and Banks (1994) also discuss the difficulties experienced by those educated in a culture that is not their own and suggest ways in which educators can assist to overcome these, including preparation and support.

Such information reconfirms that living and learning outside one's own culture presents students with added obstacles and a sense of dislocation.

The experiences of nursing students who specifically spend time in another culture was explored in the research of Ryan, Twiball, Brigham and Bennett (2000). These transcultural immersion experiences had profound effects on the students concerned, who had to adapt to time orientations, and role expectations. Preparation activities were a key strategy in success of the students' learning, which confirms the evidence of Finau (1997) and Banks (1994). It seemed to me that there is an expectation that the PI scholarship recipients are expected to learn in a foreign environment with a lack of preparation. The students in this research received very little in the way of preparation, prior to coming to NZ, however, support was provided during the course. They were, nevertheless, unprepared for the reception when returning home, as was revealed in the research.

Having completed study in a culture outside ones own there is then the difficulty of adjusting back to one's own environment. The writings of those who live and study in different cultures are of interest in this area. Cultural dislocation on return to one's own culture was evident in the work carried out in Canada with Aboriginal peoples. Richardson and Blancet-Cohen describe one student who returned to his/her own people after receiving higher education. He/she stated, "When we go home we're almost ostracized. We implore our local population to give us their emotional support, because all the education in the world isn't going to help us unless we have our spiritual, traditional and emotional roots intact" (2000 p184).

The plea in this quote is strong and the participants in this research will pick up the sentiment later in this work.

Jemaima Tiatia (cited gilling, 2000) explains cultural dislocation as she juggles her Samoan and New Zealand cultures, which often contradict each other. In particular, she states how her:

“Fa’aSamoa (Samoan way) requires me to receive without question whereas, the world of the fa’aPapalagi (European way) requires me to challenge. The fa’aPapalagi tells me to ‘look out’ for the ‘I’ and ‘me’, whilst my fa’aSamoa tells me to ‘look out’ for the ‘we’. My fa’aSamoa asks me to speak to enable ‘us’ to understand. Whereas the fa’aPapalagi asks me to write ‘academically’ within a Western paradigm along with all those fancy words to make ‘them’ understand.” (cited gilling, 2000 p40)

Tiatia talks of the dual conflict between one’s Island upbringing and the “westernised other self” (1997 p1.) She states, “On the one hand, we are Pacific Islanders toiling in a predominantly European society that does not seek to understand or fully acknowledge our cultural uniqueness. On the other hand, within our own societies, we are the silenced Western educated voice, ignored because we may be a threat to Pacific Island cultural traditions.” (Tiatia, 1997 p1). She is placed between cultures.

A Papua New Guinean woman educated in western countries offers another view. Kapa Kelep Malpo attained her Masters degree from Ohio University, Athens and her Doctorate from Victoria University, Wellington. She states she feels privileged to occupy the position as an academic from a third world country, as she is a bridge

“linking western ways of thinking to my traditional cultural reasoning and values” (cited gilling, 2000 p 28). However, she reinforces the conflicts that those educated outside their own environment experience. She discusses how the qualifications of academics from third world countries are questioned by their counterparts in developed countries. She suggests this is because there is a mentality of “being second class to the colonisers”.

“As an academic back home I feel competent. However... studying abroad in a developed country develops in me a feeling of inferiority. I feel I am struggling against a huge tide, the tide being a combination of the opinions of the colonisers and the identity of being from a third world country with me trying to prove that so called “experts” can come from third world countries too”(Malpo cited gilling 2000 p24).

There is thus a particular conflict for indigenous people to prove their worth twice.

Another example of cultural dislocation is provided by Lonise Tanielu, who discusses her achievements and struggles within the education system in Samoa (cited Jones, Herda and Suaalii, 2000). She received a scholarship to attend the University of South Pacific, and leaving behind three children was a difficult choice. She says, “I was driven by a value-laden desire to make progress in my education, to improve my teaching career which, in the end, would benefit not only me and my family, but many others” (p58). This collective advantage because of the knowledge attained may be seen as being at variance with western knowledge, which is seen as a private property and is supported by an “evaluative system that places emphasis upon attaining states of knowledge rather than ways of knowing (Codd, Harker and Nash,

1990, p38). This emphasises the cultural dislocation that can be experienced by those embarking on education outside of their own cultural environment.

The difficulty of studying in one culture and then being expected to introduce aspects of that learning into the home environment creates tensions that Thyna summed up in this way. “Ni-Vanuatu recipients of scholarships return home as graduates, full of knowledge and theories about everything. They are regarded as agents of change in our societies. We hope that...as a result of that change they do not alienate themselves from our own societies.” (2004 cited Sanga, Niroa, Matai and Crowl, 2004 p193).

Of the literature examined, little specifically questioned the experiences of those who had been educated in *nursing* in a culture different from one’s own. Generally literature that addresses the education of Pacific Nurses in a New Zealand setting is limited, and the experiences of PI nurses who have returned to their own countries to practice are not well documented. Barclay’s (1998) book is an exception and has been drawn on extensively in this thesis. This lack of literature provides a further reason for this research to be carried out.

Margaret Southwick is a nurse educator who examined the experiences of Pacific nursing students who were born in NZ. She argues that a PI nurse being educated in NZ is required to become a Pakeha in order to call herself a nurse. This is more than cultural dislocation; Southwick declares “it is a process of assimilation” (2001 p54). The PI nursing students who were participants in Southwick’s research identified that the knowledge they brought into nursing, such as their language and cultural

knowledge were undervalued by the mainstream and made invisible. What was made visible was their “deficiencies” from a Pakeha perspective. This is a symptom of colonisation, which was also evident in nursing education in Samoa as explained by Lesley Barclay when she asked a group of Samoan nurses what they wanted to learn from her. The reply was “I do not know what I can tell you because you are more intelligent than me. You know more than me.” (Barclay et al, 1998 p7) This diminishing of indigenous knowledge I have spoken about (page 13) as being inherent in the very manner in which the scholarships programme was established, and it creates cultural dislocation. (I believe an example of this diminishing of ones own cultural identity is seen in this research when the participants all chose a European name as a pseudonym).

This review has identified literature that supports my assumption that scholarship recipients may feel alienated, or dislocated from their own cultures on returning home. This may be a contributing factor to the current scholarship recipients choosing to remain in NZ on completion of their studies. Whether this was indeed the case will be examined as part of this research.

As can be seen there are disadvantages of education in a different culture. They can set one between cultures, diminish the importance of ones own cultural identity, and alienate one from ones own culture. It may be asked if they do more harm than good. However, the advantages of education outside one’s own culture are also documented and will now be discussed.

Being the recipient of a nursing scholarship is often the beginning of a nursing career that leads to huge improvements in the status of nursing for many communities. Here are some success stories of nurses who studied on scholarships.

A scholarship to New Zealand in 1969 was the beginning of a nursing career for Pele Stowers, Director of Nursing in Samoa. She was required to return home on completion of her scholarship and subsequently did further NZ education (Barclay et al 1998). She talks of the difficulties of returning to work and having little support, for example she was told to work in the maternity area with no experience or orientation. These high expectations of returning nurses still remain today and are one of the reasons why new graduates are reluctant to work in their own domestic environments after completion of their overseas education, as was reinforced through this study.

Another nurse's story of her education in New Zealand is that of Tapai who did the Advanced Diploma of nursing in NZ in 1983 and returned to Samoa to be the Nursing Supervisor (Barclay et al, 1998). She subsequently completed her BN on a WHO scholarship. Soli also is a nurse leader who was educated outside her own country. She completed her BN through Flinders University in 1991. "There was so much to learn but I was very motivated. As nurses in Samoa, it was our vision to have this course. You can't do good nursing without having the knowledge to do it. So this is what the course brought us- a way of making our standard of nursing care better." (Barclay et al, 1998 p104).

These successful stories indicate the importance of access to scholarships and training incentives to assist the development of the profession of nursing in local communities. The impact that those who are educated away from home and then return to make a difference is reiterated by Davidson and Daly when they state: “Nurses living and working in a global society can contribute to health through the promotion of health scholarship and cultural awareness. Many of the advances of health in indigenous populations have been the direct result of education and empowerment of local community members,” (Davidson and Daly, 2003 p 170).

Therefore, the literature supports the importance of access to nursing scholarships to assist with the professional development of nursing in Pacific Island countries. This is significant with regard to the policy alterations for access to scholarships currently being introduced. I am concerned that there will be reduced access to BN education with the change in scholarship allocation policy, and that this will not be helpful to the development of the profession. Although it is clear that there are difficulties with education outside of ones own environment, the importance of the scholarships is real and what the reasons are as to why recipients do not return is of the utmost importance to discover. Finding some solutions to these issues will be the next step, as indicated on page 6, where I stated one of the reasons for carrying out this research was to develop strategies to enhance a programme, in order to improve health outcomes in Pacific Island countries.

The third assumption that I had at the beginning of this research was that because of the opportunities created by receiving a scholarship some of the students never intended to return, as career openings outside their own communities are greater. This

I have identified as being an issue of globalisation and I will now examine the literature that relates to this area.

Globalisation

It was identified at the outset of this research that NZ makes a significant contribution to education (in this case nursing education) as part of its aid programme (page 6). If this money is spent to enable individuals to gain a qualification that they use as a passport to international employment, and it is never used within the Pacific country that the recipient came from, then the NZ taxpayer, and the health authorities in Pacific countries, may be justified in asking if this money was well spent. There is a global shortage of nurses which adds to the opportunity for graduates to use the skills and knowledge gained in the BN programme to travel widely. As outlined on page 5, I assumed that this was one of the reasons why the scholarship recipients did not return home, as they saw their overseas study as an international passport. I examine the topic of globalisation here with a specific focus on nursing as a global issue.

It is in the nature of learning that we strive to understand more of the world around us and equip ourselves with the knowledge and skills that allow us to grow as individuals, and as social beings. This is a universal view and within the Pacific, New Zealand and Australia have been educational destinations for Pacific Peoples for many years. Crocombe (1992) identified that “there is continuing debate over the advantages and disadvantages of island students being educated in their own countries, at the regional University of the South Pacific, or in metropolitan universities. Given the choice students would opt overwhelmingly for the

metropolitan universities” (p124). This desire to learn beyond the familiar, effects both of the issues discussed above, as the curriculum issues and dislocation that can be precipitated by learning is linked to globalisation.

Globalisation can be defined as “a process related not only to international economic expansion but also to the economic, political and social sequelae precipitated by migration and diffusion of capital, goods, information and values across borders and boundaries” (Messias, 2001 cited Davidson and Daly, 2003, p163). Globalisation is a relevant issue to education in many countries. It contributes to the “brain drain” phenomenon with the loss to overseas destinations of professionals from many areas on completion of their studies.

There are positive and negative aspects to globalisation. On the one hand, it is the way in which goods and information spread that enables countries to remain viable in the 21st century in a world where rampant globalisation means that those who are not moving ahead are falling behind. On the other hand, the importation of western packages of knowledge to indigenous educational systems has contributed to the destruction of indigenous knowledge (Thaman cited George, 1996 p16). Globalisation and the resultant uniformity has the potential to rob small cultural groups of any sense of identity and diminish the contributions they can make to the diversity of the globe. Teasdale (1997 cited in Thaman, 1998) discusses how UNESCO has warned that the mass export of the cultural practices and values of the industrialised and post industrialised world including their languages, communication networks and non-sustainable consumerism, may produce a sense of dispossession and loss of identity among those who are exposed to it.

There has been an increase in international students who come to study a range of subjects in NZ. Thaman (1998) discusses education having become a commodity that can be sold. She argues how countries like New Zealand and Australia do not hide the fact that their higher education institutions must be proactive in marketing their educational services internationally. Whitireia Community Polytechnic is part of this with a desire and need to attract students from overseas. Indeed their Draft Charter (2003) states, “We value international students as part of our student profile, to support our viability and also to provide a wider multicultural experience for all our students.” (p3). The attractiveness of study in NZ by students from overseas is indicative of the perceived value of Western views and attitudes, and the English language as a focus of study. The fact that Westernised curricula and education systems are valued by Pacific and Asian communities raises the question of ‘what and whose knowledge is considered worthwhile to teach and/or learn’ anyway?’ This embracing of Western thinking relates back to the issues of curriculum and cultural dislocation that have been previously discussed. As identified at the beginning of this chapter these issues are woven together, and cannot be examined in isolation from one another.

Nursing as a global issue

New Zealand educated nurses are part of the international nursing community. When considering the education of nurses Pardue and Haas (2003) make the point that it is important to embrace the international perspectives and to envisage the profession of nursing as part of the world community. This creates a tension as recruitment and retention of nurses is a global issue and there is a worldwide shortage of educated and qualified nurses (Welch, 2001). It has been suggested that there is a “poaching (of

nurses) between the haves and have-nots” (Cassie, 2003 p10) but it is also acknowledged that an increase in education makes nurses more marketable to other countries. There is thus a conflict between the advantages of gaining further education, and the risk that these educated nurses then seek employment elsewhere.

The Pacific Islands have a particular problem in this regard as proportionally the loss of 10 nurses overseas every year from Samoa, for example, equates to 1000 New Zealand nurses leaving (Stowers cited Cassie, 2003). The lure of international opportunities has the potential to undermine the local health care systems. The Commonwealth Steering Committee for Nursing and Midwifery in August 2003 identified that the future supply of nurses in Western Pacific countries was a “severe problem” which was compounded by the falling enrolments in nursing schools (Cassie, 2003 p10).

There can be a sense of wastage for the PI countries if nurses who are educated overseas do not return home. This was indicated in a letter to the nursing matron in Apia when describing a young nurse who was marrying in NZ, “it is a great pity that she has been sent to New Zealand for her Post-Graduate, as this will probably be wasted” (Cameron 1962 cited Barclay, 1998 p66). Some strategies to encourage nurses to return home have been suggested. For example, improvement of nurses’ pay so that it is more competitive is seen as one method to increase the attractiveness of nursing in any country (Meleis, 2003). Access to professional development and education that leads to promotion and increased responsibility has been identified as particularly important in areas where nurses work in the community, often in isolation.

The degree that the participants in this study gain is an internationally recognised qualification; however, it does not confer registration as a nurse. The Nursing Council of New Zealand holds the register and graduates of the BN programme must also pass the national registration examinations in order to qualify for entry onto the register. If a graduate from New Zealand wishes to gain registration in other countries, she needs to adhere to the procedures required of those places. As will be seen in the results section of this research the graduates that were part of this research are aware of their worth on the international market for nurses. The health officials are also aware and are prepared to prevent registration occurring if that will promote the return of those who have studied abroad. (This will also be addressed on page 86). The career of nursing needs to be attractive to the nursing graduates wherever they may end up being employed. The world really can be one's oyster with NZ nursing registration as a qualification, and this research will identify if the scholarship recipients had international opportunities as a primary goal.

Conclusion

The assumptions held at the beginning of this research have been reinforced by the literature reviewed. The difficulties associated with education beyond ones own culture can be seen in ensuring curricula has relevance to the culture of the learners. Cultural dislocation as a consequence of that education can be a reality for some individuals, and the opportunities offered through education can lead to a reluctance to return to ones own environment after scholarship completion.

This chapter discussed the literature that was examined relevant to this research. As there is new information emerging it cannot be seen as a complete review. I have

been unable to find any literature that addresses the reasons why PI scholarship recipients choose not to return home. The literature fails to provide stories from scholarship recipients about where, and why, they choose to seek employment on completion of their course. This has reconfirmed and clarified the research aims that were outlined on page 6 as valid. They are repeated here, and now become the research questions that guide the rest of the research process, and this thesis.

1. New Zealand makes a significant contribution in the area of education as part of its aid programme. How well is this spent in nursing education?
2. What is in the BN curriculum that is specific for Pacific Island contexts?
3. What positive and negative experiences were there for scholarship recipients?
Can curriculum and programme delivery be improved?
4. What strategies would enhance a programme, in order to improve health outcomes in Pacific Island countries?

In order to answer these research questions there was a need to hear the stories of those who have successfully completed a programme of study. This leads me to the methodology chosen which will be explored in the next chapter.

Stories from Pacific Island nurses: Why do Pacific Island Bachelor of Nursing students not return to their own countries after being scholarship recipients?

CHAPTER THREE

Research Design

“Tama poto e kai kupu”

This Tokelauan proverb reminds us that an educated person is someone who still listens to the advice and teachings of the elders.

The elders who have guided the design of this research are those who have written in order to guide and advice other researchers who follow. In this chapter, I discuss the methodology chosen, including the narrative inquiry of the study, ethical considerations, the selection of participants, and the reader is introduced to the participants. I then discuss the methods used to collect the data, and procedures used for data analysis. The rigour of the research is addressed in the last section in this chapter.

Methodology

Qualitative research

This is a qualitative or non-positivist research thesis. Qualitative research seeks to understand the “emic” or insiders view of a phenomenon, culture, social world or issue” (Holloway and Wheeler, 1996 cited Schneider, Elliot, LoBiondo and Haber, 2003 p 145). Qualitative research approaches embrace the wholeness of people, and approaches used by the researcher seek to understand the meaning of an experience for the participant. The researcher using a qualitative approach begins collecting bits of information and piecing them together to create the whole picture, and is thus inductive. This compares with quantitative or deductive processes, which begin with the whole picture, and seeks to explore pieces. (Denzin & Lincoln, 2000., Beanland, Schneider, LoBiondo-Wood & Haber, 1999., Burns & Grove, 2001). The qualitative approach is appropriate to this research as I was interested in the experiences of the participants, rather than the measuring of a specific aspect of the stories.

The research title is: “Why do Pacific Island Bachelor of Nursing students not return to their own countries after being scholarship recipients?” I am interested in finding out why the participants in this research did not return home. What are their stories and experiences? The research questions as outlined on page 42 will be answered through the methodology and methods used.

The choice of research methodology stems from my beliefs about the nature of the relationship between researcher and participants. Qualitative research requires close, often sustained contact between the researcher and the participants. It is possible to get a rich description and deep understanding of the phenomena under investigation.

Qualitative researchers use a range of research designs and methods, those relevant to this research will now be described.

Narrative inquiry

Narrative inquiry is the specific methodological approach used for this research. It is a relevant methodology, or approach, for this research as there are already statistics regarding the numbers of scholarship graduates that return to their own country after graduating, but there was very little literature that told the stories of those who had experienced this education.

My choice of methodology has also been informed by the nature of the population that I am interested in, the fact that they are of an oral tradition, and often not heard. I include here the words of Makini who writes of the particular difficulties experienced by Pacific Island women (1983 cited in Jones, Herda & Suaalii, 2000 p140).

“Mi Mere- I am a woman struggling to tell the world about my plight; educated, privileged, a lucky one-seen and not heard.

Mi Mere- I am a woman who never went to school, destined to stay in the village for the rest of my life-seen and not heard.”

Narrative inquiry is an appropriate approach for this research, but it was not my first choice. Initially I had thought that grounded theory would be the methodology of choice. This was rejected after considerable thought. I felt that the creation of a theory or model arising as a result of this work gave me the

ownership of the experiences of the participants. I was uncomfortable with this, it felt as though I was using their stories to further my own academic qualifications and as though I had a prurient interest in what had occurred for them. I wanted instead for them to remain as the focus. The first time I spoke to a group of people about the research, I was struck by the fact that I was carrying the stories of Ana, Laine, Ruby, Mandy and Juliet. This was a powerful responsibility, as I was perhaps the means for their stories to be told and for their voices to be heard. The research approach altered to narrative inquiry to reflect this.

Narrative inquiry lies within the broader context of phenomenology. This is research based on the investigation of the experience as it is lived. (Speziale & Carpenter, 2003, Schneider, Elliot, LoBiondo-Wood & Haber, 2003). The definition of narrative inquiry tends to be very broad “because of the often ambiguous nature of the construct and the many disciplines that employ narrative methods” (Overcash, 2004). Priest, Roberts & Wood (2002) state:

“Narrative inquiry does not have a single heritage or methodology, and has been described as being unclear about its epistemological influences. It draws, among other sources, upon philosophy, anthropology, sociology, psychology, sociolinguistics, ethnomethodology and literary criticism. Such diversity has led to the development of a wide range of approaches to, and uses of, narrative as a form of qualitative research”(2002 p28).

Whichever approach is used, however, the function of narrative inquiry is to consider “the potential of stories to give meaning to people's lives, and the treatment of data as

stories” (Emden, 1998a). Maher (2003) identifies that narrative inquiry as a methodology has a long history of being invisible and inaudible and has been relatively ignored in research. She suggests it is particularly suited to give voice to the otherwise voiceless. Narrative inquiry is a way of highlighting aspects of a person's experience that cannot be fully realized within the positivist model of research, which focuses on rational understanding and scientific control (Wilshire 1995 cited Maher, 2003).

With reference to the terms used in this study, it is important to notice that the term narrative inquiry, (or research) can be used as a methodology, as I have use it in this work, while narrative methods are also discussed in the literature. In this work I have used narrative methods to collect the data (page 55), and as an analysis method (page 62). In doing so I have followed the definitions as set out by Emden (1998a). The term “story” refers to a single narration or account that provides meaning to the past events and actions in a participant’s life. A story can be assumed to be factual (that is not made up) and includes concerns with events over a period of time. (Emden, 1998a). The term “narrative” involves stories, and “embraces the collective stored wisdom of peoples individual stories” (Emden, 1998a p35). Narrative is more than a single story, and can convey the meaning for a group. For example, a nursing narrative is the collective wisdom of a nursing culture conveyed through the stories of individual nurses (Emden, 1998a).

Ethical considerations

It is important to be aware that at the outset of conducting any research the ethical aspects of the work are considered. Through having an awareness of the ethical issues the researcher becomes mindful of ensuring that they do not cloud the research process. For example, in qualitative research the relationship between the researcher and the participants is closer than occurs with other forms of research and frequently the researcher already has an established relationship with the participants. The fact that I already had an association with the participants in itself means that I come with certain preconceived ideas about how they may respond to my questions, and whether or not they would agree to be part of the study.

This project was approved prior to commencement of the research through both the Massey University Human Ethics Committee (reference 03/121) and the ethics committee of the polytechnic where the nurses had all been students. The relevant issues were as follows.

Power imbalance. There were considerations regarding power imbalance as I had been in a position of power previously in relation to the participants. In order to reduce the effects of this all the participants had been no longer a student in the polytechnic for at least one year. It is hoped that this length of time allowed the “student: teacher” relationship to become more of a collegial relationship, and the power imbalance therefore reduced.

Policy policer. There could be some concern that I am acting in some capacity as a “policer of the policy” under which the students originally came to New Zealand.

Despite the fact that graduates are expected to return to their own countries on completion of their studies, there is provision for them to remain in NZ on certain conditions. Prior to contacting the intended participants, I ensured through enquiries that there would be no personal or professional ramifications of their participation in the research. It was not my intention or desire to “chase participants home”. I was simply enquiring as to what were the factors that would influence their return to their home countries.

Confidentiality. All participants were given the option of being identified by name in the research. All chose to remain anonymous and were therefore referred to by the use of pseudonyms (of their choice) in order to preserve confidentiality. Maintenance of anonymity is not an easy issue to address when dealing with individuals who may be from small communities. I ensured that the island of origin is not mentioned in the research. Instead, the hibiscus, a Pacific icon, is used. Hence this emblem, , can signify any one of three Pacific Islands nations that the participants come from. To further ensure confidentiality the tapes and transcripts are in locked storage and will remain so for five years from completion of the research. They will then be released to the participants or destroyed by the researcher as preferred by the participants, and indicated on their consent forms.

Narrative inquiry research specific ethical issues

Narrative inquiry research creates ethical issues that may not be in other forms of research. These include the fact that participants may tell the researcher what they think the researcher wishes to hear. Another issues that may arise with narrative inquiry is that “member validation” is used to reconfirm data. Participants in the

research check the accuracy of the researcher's data by this process. Because stories and people are constantly changing the data may "elicit feelings members no longer have, regret and/or have forgotten" (Sandelowski, 1993 cited Emden, 1998b p38).

Another ethical consideration with narrative inquiry research is that of researcher bias. This can occur if the researcher leads the stories in a manner that could alter the accuracy of the described experiences. I admit to personal bias in seeking answers to the questions asked. If I was not seriously interested and did not have a view of my own it would be unlikely that I would pursue the line of research. However, in terms of ensuring academic rigour I am able to put my personal opinions to one side, to a certain extent, and allow the data from the participants to speak for itself. This is consistent with qualitative research methodology as outlined in the literature (Fain, 1999., Roberts and Taylor, 2002., Schneider, Elliott, LoBiondo-Wood and Haber, 2003). It is impossible for me to be either neutral or completely objective in terms of this research, however I do not have any vested interest in the outcome.

I have outlined some of the key aspects of narrative inquiry as a methodology suitable for this thesis, and the ethical considerations that were part of the research. The aspects of the research relating to the participants is now presented.

Participants

Selection

The selection process used to recruit participants included the fact that I had an already established relationship with the intended participants. They had all been students in the course that I teach in, but had been out in practice for a minimum of one year. I made a direct request, either by phone, email, or face-to-face, to six potential participants to invite them to assist me in the research that we carried out together. There was one possible participant who was approached who chose not to be part of the research; all others were keen to be involved.

As already mentioned I am an ex-teacher of these graduates. Therefore, there is the potential for them to feel obligated to participate, as there has previously been an imbalance of power between us, no matter how congenial or friendly the relationships may have appeared. However, it was my understanding that in Pacific cultures there is a need for there to be an existing relationship between us in order for me to request the participants to become involved in the project. Therefore, it would be inappropriate for me to advertise for anonymous participants or to attempt to establish relationships with those who are from other educational institutions. This is confirmed by Southwick (2001) who suggests that face-to-face requests with Pacific peoples are expected and reciprocated. In addition, the participants have been out in practice and therefore separated from the polytechnic for a minimum of one year. I hoped that this time would have allowed them to have made the transition from “student to colleague” (Southwick, 2001 p71) and therefore any power issues from the conflict between me as ex-teacher and researcher would be minimised.

In addition to the five primary participants as outlined above, nurse officials from one Pacific Island country were interviewed as a focus group. The Ministry of Health for this Pacific Island country employed the five nurse officials who all held senior nursing advisory positions. They volunteered to be part of the process and were contacted through a third party. The focus group interview that occurred at their place of work forms part of the data.

Informed Consent

An information sheet was sent to all participants (appendix 1). This outlined the intention of the research and the researcher's expectations of the participants. Consent forms were discussed and signed prior to commencing the interview. (appendix 2). The original working title of the research project was included on these documents. When the more definite title emerged, all participants were informed of the shift of focus. This did not create any change in their eagerness to be participants.

Introduction to the participants

As outlined above, there were five primary participants in this research. In addition, there was a focus group interview carried out with nurse officials who were from another Pacific Island culture. This group is distinct from the primary participants who are from two different Pacific Island communities. I will now introduce the primary participants. The age range of the participants is 24-37 years and they are all female.

Ruby is the youngest of the participants, being born in 1980. She and Mandy are from the same Pacific Island Nation. She came to study in NZ directly from school. She was seventeen and had never been out of her home country before. Ruby speaks three

languages, her education was in English and she has an extensive vocabulary and command of English. With her petite frame, there is at first vulnerability about Ruby. Her intense sparkling brown eyes, bubbling sense of humour, and appealing way of covering her mouth and eyes when surprised or amused quickly endears her to those she comes into contact with. As a student she was always hungry for more knowledge, she is an energetic and engaging young woman. She is single and is currently working as a registered nurse in NZ

Mandy came directly to study in NZ from school also. She was 25 when I interviewed her, single with no children. She also has excellent English skills as one of her languages. Mandy is slight of frame and has athleticism about her movements. Mandy appears to have a more serious personality than Ruby, she was a highly conscientious student and now as a nurse is aware of her potential and the ability to study further. Her engaging manner, beautiful smile, quiet centeredness and precise speech make her a significant person who is noticed wherever she is. She is currently working in NZ as a registered nurse.

Laine was already a registered nurse in her own country when she came to study in NZ. She is the only one of the participants currently working in her home country and is the eldest of the participants. Having experienced both the NZ and PI context of health care systems she has much to offer as a participant in this research. The acquisition of a Bachelor of Nursing degree would give Laine the opportunity to have job promotions back at home that are not possible with her current diploma qualification. When Laine came to New Zealand she was not confident in her English usage and this was a huge challenge for her to overcome. Tall and lithe in her frame

with a quiet elegance about her Laine is unassuming and quietly attends to her priorities with a gentle smile enhanced by a flash of a gold tooth. Laine's gentle unassuming manner and enquiring disposition combined with her extensive nursing experience allow her to contribute to groups in a manner that is valuable and non-threatening. Laine is married with a child.

Ana also is married with one child who is cared for by family in her Pacific Island home, while Ana works in NZ. This circumstance is less than ideal for Ana, however she accepts that for the time being it is appropriate. When Ana arrived in NZ her English skills were very good, she had been a high achieving school student and had travelled outside of her own country previously, but always with other family members. To be on her own in NZ was a very strange experience, and it is an indication of Ana's independence and initiative that she was able to very quickly adapt and to make her presence felt as a young woman of considerable presence. Despite being a physically small person Ana's thoughtful contributions to discussions indicate a person whose future working in the area of health promotion for Pacific Island people is likely to be a significant one.

Juliet had her two children living with her in NZ, one of whom was born while she was a student. For Juliet the complications of family obligations were hurdles to be overcome in her student life. She, like Laine, was a registered nurse in her own country prior to embarking on her BN. She was not confident in her English on arrival in NZ, but her English skills improved rapidly which is an indication of the determination and hard work of this mature woman. Juliet is currently working in NZ. Juliet, Ana and Laine are from the same Pacific country, but all three are very

different in their backgrounds, physical attributes, knowledge levels and skills demonstrated.

All the five participants in this research were inspirational to me. The hurdles that they overcame in order to achieve, often with meritorious grades, humbled me. Each of them spoke of the personal issues that they had experienced on their early time in NZ. They had all suffered homesickness, cold and culture shock. At times I wondered whether the deprivations, the homesickness, loneliness, cold and financial hardships were worth it for them. It was gratifying to discover through this research project that the answer was a resounding “yes”.

Data collection methods

Story telling is an increasingly popular method of qualitative data collection, particularly gaining momentum in the field of nursing (Emden 1998a). It is based on the assumption that knowledge is “real and trustworthy and is found through paying attention to what people say and do in specific circumstances; therefore, methods may be chosen that collect information that is language based and specific to people’s particular experiences.” (Roberts and Taylor, 2002 p375). Story telling was an appropriate method to use to answer the research questions that relate to what is in the curriculum that is specific to PI contexts, and to assist identify positive and negative experiences for scholarship recipients. It would also hopefully allow the development of strategies that could improve the health outcomes in PI countries.

To collect data for narrative research there are several methods that can be employed. For example, written responses to questions would have several

advantages because this would allow participants to think about what they wish to share. This would also reduce the cost and time of transcribing (Speziale and Carpinter, 2003). But the resultant lack of spontaneity is a disadvantage and I rejected this as a data collection method as I felt that it was an impersonal approach that would reduce the interest that I had in the participants as individuals. It would also not be easy for the participants for whom English was not a comfortable language. If they chose to write in their own language there would be a need for translation in order for my monolingual mind to use the information, thus negating one of the advantages. In a world increasingly using computer technology I could have used a chat room or an on-line discussion board as a means of collecting the information. This I felt was inappropriate to the intention and spirit of the research, as it seemed impersonal and not all the participants had ready access to the required technology. The participants' words would not be as accessible in a questionnaire; therefore, I did not use one. In addition, PI cultures have an oral tradition and the participants (women in this case) might have been silenced in their own context. I was reminded of this through the writings of several PI women, and included at the beginning of this chapter the words of Makini to reinforce this view (page 45).

Therefore the data collection methods used in this research include personal interviews with five participants, a focus group interview with another group who were nurses and health officials in a Pacific Island country, and the maintenance of a journal of "field notes" by the researcher. In addition, there was an intention to analyse reports written for the NZ Govt by scholarships recipients. Although it is not in keeping with narrative analysis, I had thought that these could be a useful part of the data to be examined. Unfortunately, I discovered that these reports are not

completed and although there are progress-reports throughout the actual time spent in the course there is a remarkable lack of official follow up on completion of the scholarship.

I will now describe each of the methods used to collect the data.

Personal interviews.

The interview is the key method to obtaining narrative data (Polkinghorne, 1988 cited Emden, 1998a, Schneider and Elliot et al. 2003, Overcash, 2004). Through interviews, opportunities are given for people to express their experiences through language, which is a different expression than would be gained from the use of questionnaires or surveys, for example.

I used personal semi-structured interviews to record the participants' stories. These were audio taped (where possible), and all interviews occurred at a place of the participant's choosing. This was at a range of locations from a cafeteria, to the home of two participants, to a neutral space in the Polytechnic (i.e. not my office). There was one personal interview with each primary participant. All interviews were carried out by the researcher, and were all face-to-face conversations, except for one telephone interview. Each interview lasted approximately one hour, with the longest being one and a half hours. This was generally a suitable length of time for both the researcher and the participant to remain focussed, any longer would have felt as though it was an invasion on the generosity of the participant.

All participants were asked if audiotaping was agreeable to them. One chose not to be taped, and for one a phone conversation was unable to be recorded. However, both of these participants were happy for me to write notes. The tapes were transcribed as

soon as possible after the interviews by an experienced transcriber who was paid for her efforts and had signed a consent form ensuring confidentiality. (appendix 3).

The interviews were semi-structured, carried out with open questions. The topics covered in each interview were the same, the actual questions differed depending on the flow of the interview. With all questions it was helpful for the researcher to bear in mind the research questions as outlined on pages 5 and 6.

Some questions included:

- “Tell me about your experiences as a student in the Polytechnic programme”.
- “Can you explain to me what are the kinds of jobs that may be available for you at home?”
- “Are there some things that you would have liked to have in your course that would have helped to prepare you for these jobs?”
- “Were you intending to return home to nurse after completion of the course?”
- If yes to the previous question, “At what point did the intention to return home shift? What influenced this decision?”

With regard to the interview process, Anderson (1990) makes the point that there is a need “for the interviewer to know how to control the interview, its process and its pace” (p231). However, it is also identified that the interviewer need not always take the lead and there were times when I was only required to nudge the conversation in order for the purpose of the interview to be met. I am not a trained interviewer for research purposes; however, the semi-structured technique using open-ended questions was a system that worked well.

Focus group

A focus group is not generally used in narrative research, however in this case it had the benefit of giving another perspective to that provided by the primary participants' stories. The attitudes, views and anecdotes from the focus group members created another form of data that assisted in the triangulation of information. I wanted to gather as much information from a range of sources as possible to explore the reasons why scholarship recipients do not return home.

People who are involved in focus groups are research participants who have been deliberately invited for their knowledge and skills in the area that the research relates to (Roberts and Taylor, 2002). Focus groups help research by getting a number of people together so that many ideas are collated. It is less expensive and time consuming than individual interviews. The disadvantage of focus groups is that less vocal individuals can be overshadowed, the responses may not be as rich and full as a private interview and the interpretations can end up very broad. (Roberts and Taylor, 2002).

There were five nurse officials who formed the focus group in this research. Murray (1997 cited Speziale and Carpenter, 2003) suggests an ideal group size to be six to eight participants. In my experience, any more than five would increase the possibility of some participant's contribution becoming lost. There is a need for the facilitator of the focus group to be a good leader to ensure the contribution of all is valued. In this instance it was noticeable that the most senior member of the health officials had a tendency to dominate the conversation and I had to be assertive in ensuring that the others were able to have their say.

It was intended that this focus group interview be tape-recorded. Unfortunately this was not possible, due to a lack of electricity. I foolishly had not foreseen this possibility, and the time required to get batteries would have inconvenienced the members of the group. Initially this was very disappointing to me, however in retrospect as there was quite a lot of time when people were speaking over each other, and due to the extreme oval shape of the table we were sitting around it would have been difficult to locate a microphone ideally to pick up everyone's comments.

It is common practice for responses in a focus group to be recorded on an object visible to the group, such as a whiteboard or overhead transparency (Roberts and Taylor, 2002). In this case, I recorded views on butchers' paper. I summarised points made and was able to prioritise the views of the group in a manner that they were in agreement with. This had the advantage of making the data immediately useful, without having to wait for transcription. I also took notes during and immediately after this focus-group interview. Another person who had introduced me to the group, and had attended the group interview helped clarify points that had been made. This allowed me to seek explanation and further information as she was aware of the conversation yet had taken no active part in it.

The questions asked in the focus group were designed to give answers to the questions about how well is New Zealand's contribution in nursing education aid spent, to identify what is in the curriculum that is specific for PI contexts and to assist in the development of some strategies to improve health outcomes in PI countries. Some of the questions included in the focus group interview included:

- Can you explain how nursing education in New Zealand helps when nurses return home?
- Are there some things that it would be useful for them to learn that are not currently included?
- Your health care system is very different to New Zealand's. Does this affect whether or not the graduates are attracted home?

Field notes

Field notes or notations made by the researcher may describe observations, assumptions about what is being heard or observed, or personal narrative about what is felt by the researcher during a particular encounter. They allow the recording of the non-verbal messages that are not accessed through the audiotape (Speziale and Carpenter, 2003., Schneider, Elliot, LoBiondo-Wood and Haber, 2003). The usefulness of this technique is supported in the literature. "These notes provide validation for important points made by the participants and facilitate appropriate emphasis on emerging themes during data analysis"(Speziale and Carpenter, 2003 p 33).

After every personal interview and the focus group, I wrote field notes about the aspects of the dialogue that went well, or did not and my impressions or learning from the interview. This is a technique recommended by Schneider, et al (2003). I also kept a notebook with me at all times in which I wrote notes to myself while carrying out this research, including the aspects of the research that came to me in the middle of the night, or from having an informal conversation with a colleague or a person who asked me what my research interest was. This was a truly helpful aspect of the

research process. I was able to track the journey of the research, and it also allowed me to see the research project as a personal growth chapter in my own life.

Data Analysis

There is no “one way” to analyse narrative data (Polkinghorne, 1988, cited Emden, 1998., Overcash, 2004). The process described for this research follows Emden’s outlined process and hence draws strongly on her writings.

Data analysis commenced immediately after the first interview. This ensured there was a simultaneous collection, coding and analysis of the data, it allowed the development of a core story and emplotment (page 64) to occur, as described by Emden (1998b).

Having received the transcribed tapes and listened to them again to remind me of the contextual factors that emerged from hearing conversations I then analysed the participants’ responses to look for a “core story”. In order to achieve this, the process described below was followed, which is, according to Emden, (1998b) the fundamental manner to create a “core story.”

1. Reading the full interview text several times to grasp its content.
2. Deleting all interviewer questions and comments from the full interview text.
3. Deleting all words that detract from the key idea of each sentence or group of sentences uttered by the participant. For example “um”s and “well you know” expressions were deleted.
4. Reading the remaining text for sense.

5. Repeating steps 3 and 4 several times, until satisfied that all key ideas are retained and extraneous content eliminated, returning to the full text as often as necessary for rechecking.

6. Identifying fragments of constituent themes (subplots) from the ideas within the text.

7. Moving fragments of themes together to create one coherent core story, or series of core stories.

8. Returning the core story to the participant and asking “Does it ring true?” and “Do you wish to correct/develop/delete any part?”

Having condensed the stories to core stories, they were about a quarter the length of the original interviews, and used the participants’ words exclusively. This is consistent with the process explained by Emden (1998b). These core stories were returned to the participants to ensure that they were consistent with what had been said. This process, although time-consuming, allowed the participants to be partners in the process of the research, it also allowed participants to veto aspects that, if published, could be sensitive for personal or political reasons.

This process is called member validation and there is a problem with it as identified by Sandelowski. Stories may “elicit feelings members no longer have, regret, and/or have forgotten, and members may wish to have them removed as data” (Sandelowski, 1993 cited Emden, 1998b p38). This did not occur in this research. All participants were happy for me to return for clarification. I communicated with three of the participants but I was unable to get a response from two of the participants about the accuracy of these core stories. One had moved to a new house, I did not have her address and there was no phone. The other one had returned to her Pacific Island

home and I sent a copy of the work, but I did not hear back. The three participants that had their stories returned consistently felt that their stories “rang true” and there were only minor requests for alterations. The core story creation therefore was an effective way of distilling the essence of what the participants had been telling me. It was reassuring that I had not generally misconstrued any meaning, and my assumptions about meaning or intent were sound. It also encouraged me to go ahead and use the data from the two participants with whom I had not validated stories.

The data was read repeatedly, over several weeks, to detect themes, or plots. Emden (1998b) refers to this process as *emplotment*, which is ascribing sense to a story. *Emplotment* requires the identification of one or more plots in a story, and according to Polkinghorne (cited Emden, 1998b) there is no specific procedure for *emplotment*. In order to detect these plots (or themes, as described by Polkinghorne, 1988, cited Emden, 1998., Denzin & Lincoln, 2000) I worked back and forth through the data with a pencil, picking up the strands of the common ideas that had been expressed.

Having identified the plots in the individual stories I then looked for patterns across the participants’ narratives. Sandelowski and Barroso (2002) identify that a challenge for qualitative researchers is to be clear about how they define a pattern. There is no procedural or rule-governed rationale for this. I defined an item as a pattern if it was common to all the five stories from the participants, or strongly heard in the majority of the stories. “Strongly” was defined as either repeated more than once in a story, or expressed with feeling and emphasis of either words or emotion. This recurrence of ideas within the narratives, revealed by repetition and forcefulness are consistent with

Owen's work (1984, cited Overcash, 2004). I now had the themes that were central to the narratives.

I went back to the original assumptions that I had at the beginning of the research. These related to issues of the BN curriculum being unsuitable for transplantation into the Pacific Islands, the sense of dislocation that the participants may have felt on return to their own countries, and the opportunities that had been opened up because of the global education that had been offered to the graduates. I identified where (and if) these issues had arisen as themes in the narrative of the participants, and what else had been generated. As I discuss on page 71 there were some very strong themes to emerge, and the first of these was the fact that all except one of the participants had attempted to return home to work.

Rigour

There is no one accepted test of rigour in qualitative research (Roberts and Taylor, 2002). Burns and Grove (2001), argue that rigour is associated with "openness, ...adherence to a philosophical perspective, thoroughness in collecting data and consideration of all the data" (1993 cited Roberts and Taylor, 2002 p 379). In considering rigour in any qualitative research, there is a need to determine whether the study is believable, accurate, makes sense, and whether it is useful to people beyond those who participated in it. This necessitates a consideration of the concepts of validity, reliability and generalisability.

First, validity requires that it is appropriate to consider how complete the data is. Denzin and Lincoln (2000) discuss the potential charge that can be addressed to narrative analysis, that data based mainly on audio recordings is incomplete. I do not believe that any data can be complete, and clearly realise that I am analysing what was true for the participants in this research at a particular time. An advantage of the process used, however, is that the tapes, and transcribed data (currently safely stored) could be made available for other researchers to analyse. What another researcher would not have access to would be the nuances and non-verbal characteristics that were present as I collected and deciphered the data.

Second, I will consider the reliability of the work. In order to increase this I used low inference descriptors, such as extracts from participants' verbatim accounts as recommended by Johnson (1997 cited Priest, 2002). I had a prolonged engagement with the data which extended over a period of 8 months, as suggested in the literature (Erlandson et al., 1993, Lincoln and Guba, 1985 both cited Priest, 2002). I also verified the stories with the participants by seeking their feedback. This is recommended by Johnson (1997 cited Priest, 2002), and Emden (1998b).

Other strategies used in this research to increase the reliability of the procedures and data generated include an audit trail as all the data remains available. Also as the researcher I disclosed personal interest in the project right from the beginning, however I do not have a vested interest in the outcome. In addition technical accuracy was ensured in recording and transcribing.

There are three criteria of reliability for focus group data (Kidd and Parshall, 2000 cited Speziale and Carpenter, 2003). These are stability, which refers to the permanence of group membership over time. As there was only one focus group interview this could be seen as a weakness of the research method. A second measurement is that of equivalence which is important if there are different focus groups contributing to the same research. This does not apply in the context of this research project. The third measure is that of internal consistency which relates to the need for consistency of researcher. This is the case in this research project. The focus group was not the stand-alone method of data collection in this research. It was an adjunct to the personal interviews and allowed data triangulation in order to enhance the overall rigour of the research process.

Third, I will consider the concept of generalisability. This is the extent to which findings are transferable to, or fitting for, other situations (Conway, 1998 cited Priest, 2002). Qualitative research is generally considered weak in its generalisability across populations, to different settings, and across times particularly as participants are often selected purposively in order to fulfill the needs of a particular study (Johnson, 1997 cited Priest, 2002). However, it has been suggested that the concept of generalisation should be reclaimed for qualitative inquiry (Sandelowski, 1996), and that it need not be a problem if comparisons are made with similar people, settings and times. This research was carried out in the clear knowledge that I was interested in a particular group that “simply represents itself” (Cohen, Manion and Morrison, 2000 p 102). I have provided in the written account of the study sufficient detailed information regarding participants, selection

methods, context, and data generation and analysis methods in order for readers to decide how far and to whom the findings may be generalised.

Conclusion

In conclusion, this chapter has presented reasons for the choice of methodology, and outlined the narrative inquiry methodology used. As explained this is a qualitative research project in which I am interested in exploring the experience of the participants who have been recipients of scholarships. The participants in this research are the “knowers” –they have information that I seek to gain. They have lived through an experience and are part of the culture that I chose to find out more about. This is consistent with qualitative study methods as discussed by Schneider et al (2003) and Roberts and Taylor (2002). Ethical considerations of the research have been explained, the participants were introduced, including the selection of these women. Narrative methods were used to collect the data. These included personal interviews and a focus group interview, plus the researcher writing field notes. The data analysis methods have also been described, these include the creation of core stories, and emplotment to detect issues that were expressed in common by the participants. These methods rang true with the intent of the research, which was to enable stories to be told, and analysed. Aspects of rigour of the work have also been addressed in this chapter. In the next section, the stories that resulted from those methods will be presented.

Stories from Pacific Island nurses: Why do Pacific Island Bachelor of Nursing students not return to their own countries after being scholarship recipients?

CHAPTER FOUR

Presentation of the stories

"I always wanted to be a nurse, because the first time I saw the nurse come to my island I saw how she wore a uniform, how they work and how they looked after my grandmother. Maybe I was 6 years old and I thought 'when I grow up I want to be a nurse.' I studied hard and trained to be a nurse and then I became a registered nurse" (Juliet, participant).

Five women whose goals and aspirations were to become nurses told their stories. These are presented in this chapter, with the plots or themes that arose introduced. All the participants in this research are employed as nurses; four out of the five are not working in their country of origin. Four of the five had attempted to work at home, and one would be returning as soon as possible. This was significant, as I had thought that fewer of the participants had endeavoured to work at home. It strengthened the reasons as to why the participants were not at home now. The fact that many graduates do not return home has been given as a reason for Aotearoa scholarships being withdrawn by the NZ government. What is of interest in this research is the stories behind why these graduates are predominantly in New Zealand and this will

be explored in this section as the results of the research are presented. There will not be discussion of the findings until the following chapter.

As has been discussed in the previous chapters, the process of obtaining the data was to record personal interviews, one focus group interview, and field note compilation. Plots, or themes were identified in the stories. This technique has been described in chapter three. This process was followed in order to address the questions raised on pages 5 and 6. In presenting the findings of the research the actual words of the participants are written in this format: *to enable the reader to identify their words clearly*. For the one personal interviews that I was unable to record, (and for the focus group) I have at times paraphrased the participants' words, therefore these are written in normal font. Some of the results were at variance with my initial assumptions. These assumptions were outlined in the introductory chapter, and as they were in my mind, they were plots or themes that I was looking for in the narratives. As outlined in the methodology section it is not possible for a researcher to separate oneself from the qualitative process, therefore the subjective views of the researcher influence the data. In presenting the data, therefore those assumptions are addressed first. Hence, the first sections in this chapter address these themes:

- Curriculum
- Dislocation from culture
- Globalisation

The other themes that emerged from the data will then be presented. Therefore, the sections covered in the rest of this chapter are entitled:

- Difficulty getting a job at home
- Lack of welcome from other nurses at home

- Professional nursing issues at home

Before presenting these themes, it is important to discuss one of the first themes that emerged. In the stories told to me the participants spoke strongly of their need and desire to return home. There was a very strong “pull” to return home. These pull factors are significant and will be introduced first. They set the background for the rest of the data as they were strongly expressed. However, the desire to be at home was insufficiently powerful for the participants to be working in their home environments.

Pull factors

As mentioned above four of the five participants had attempted to work at home, one would be returning as soon as possible, and one was currently employed in her own country. Four of the five participants stated that they intend returning home in the future. The “pull factors” fell into two categories which will be examined separately. The first factor was that the participants had always wanted to return home to work and the second was that they wished to return to be with their families.

Return home to work

There was a strong urge to be employed at home, and there was a clear indication that participants had always wanted to return home to work, sometimes from a sense of duty.

Laine was the only participant who was working at home and she said:

I always knew I would return home, they weren't expecting me, but I am very happy to get home again.

Others also had a clear intention to return home, this was evidenced in Ruby's story when she said:

I always wanted to go back and go to work

It was explained by Ana:

I was always looking forward to the day when I would finish and I could go back home. I never wanted to remain here in New Zealand or go elsewhere, that is one of my main reasons to go back to  because I feel obligated, as someone who was chosen to come here and study and I mean there are so many other students there they could have chosen to come here and study. It's just the purpose of the scholarship that you come here to be educated and then you go back home and educate the people back home and you influence them with all the good things you have been learning here. From a health profession view, I just feel that it is my...that I have to do this. It is more like I was keen and eager to go back and put into action what I have studied in New Zealand.

In the passage above, Ana had expressed her desire to return home to help with education of the nurses there. She was not alone in her desire to educate as part of her intended work at home. Ruby stated:

In 5 years time I would love to go and be a nursing teacher. That's what I would like to do I would go and be a tutor, because education is really one of the important factors in supporting people to get better. Its one of the key factors in surviving everything we do in our health system.

This was also supported by Juliet who stated:

Part of teaching a student nurse is what you bring in from overseas... To learn more, and then taking something new back to the Islands like medication knowledge and equipment. New research, because sometimes we are waiting in the islands for years... What I need to do is to teach my people what I learned from the study because it is really helpful ... Trying to make the level of knowledge to be higher.

Laine (the only graduate who was working in her own country) was clear that the increased knowledge and skills she now had were a significant contribution to the profession of nursing in her own country. She explained that more knowledge means she can:

encourage colleagues to get more study overseas and get more experience.

Thus, there were clearly pull factors associated with a sense of duty to return home, also a desire to share the information and knowledge that had been gained.

Return to family

Another reason for participants to wish to return home was to be with their families. This was spoken about in general terms such as missing family, or wanting to see more of their family members and looking forward to holidays at home. What made this theme so strong was the emotion behind the words used and the sense of longing that was associated with their conversations about their families.

For example Ruby said: *I would really love to go back to  and to my family* and she talked very warmly of connections with her family when she stated with feeling: *My dad is **really** proud of me, he came over for my graduation*

Mandy talked with sadness of the gap between her and her family: *My family is far away, if they are ill I can't be there to help them*

Juliet expressed the tension between her being away from her family and their happiness for her achievements in this way:

*My Mum is not happy...she didn't want any of her children overseas away from her. That's the kind of loving...but they are really happy(for me) **They are really happy.***

Juliet explained her desire to be home with family strongly when she stated:

The chance to work in New Zealand is no use to me. I really need to go back to the island, I want to work there. I need to be with my family, that is the main thing.

The passion with which the participants spoke of home and their desire to work there was very clear. However, clearly, these “pull” factors towards home were not strong enough, or the timing to return was not right, as four of the participants were still in NZ.

I will now examine the factors that, according to the participants, were the reasons why they chose to stay in New Zealand. As identified in the introduction of this research there were three main assumptions as to why this might be the case. Therefore, I will examine the results under the headings of curriculum issues, dislocation from culture, and opportunities offered through globalisation. The other themes that emerged will then also be explored.

Curriculum

I had assumed that the BN curriculum that the participants had studied might be inappropriate to application in the PI communities and that because of this the graduates chose to remain in NZ. I was also curious, as identified on page 6, to discover what is in the curriculum that is appropriate to PI contexts. The participants' stories that supported my assumption were not extensive. Overall, the participants upheld the usefulness of the curriculum, and they felt it was suitable for application in the Pacific Islands. There were numerous comments about the significance of what had been learnt and how important the BN programme had been to the participants as individuals and as professionals. For example, Laine was working at in her Pacific Island home and she talked of the main health issues at home being diabetes, heart disease and strokes. She felt that there had been plenty of information on these issues in the curriculum. She stated that she was:

Very well prepared in those areas and the 7 weeks in the Coronary Care unit and other clinical experience in medical units had been really great preparation.

Another example of a participant reflecting that she felt the curriculum was suitable was provided by Mandy who said:

The course was great, there are no problems with the curriculum, I can use it anywhere... the curriculum is not the problem... the system is, there are difficulties doing some things in 🌸 as there is limited equipment in some areas-but it is quite possible to apply learning from NZ to 🌸.

Ana reinforced the value of the curriculum to be used in a range of settings by stating:

I started a new job in September, ...I just thought of all the things I had learnt as a student and all the things that I had been taught and I knew I could do it

Ruby's story supported the versatility of the curriculum when she said:

..when I started my cancer nursing I still had my student notes and when I read them they were really good and helped me with the work I had to do.

These comments confirmed the nursing knowledge that had been gained in the BN course of study was of importance to the participants in their chosen career.

Limitations of the curriculum

Although the narratives were generally supportive of the curriculum, there were also some gaps identified that made it difficult for the new graduates to work in their home environments. These gaps were to do with leadership and management. Juliet's comment with regard to the appropriateness of the curriculum was that there would be altered expectations on her at home. These expectations would be at variance to what she had been taught.

If I go back the thing is, in the wards, will be management instead of doing contact with the patients, you have to do management working and running a ward... all the staff rely on myself.

Laine also felt that she would have liked more on management and how to organise a ward environment in the course. She explained that the study in NZ had been very helpful, but when she returned she was expected to have some ideas about management, and paperwork, expected to be able to look after staff and order for the dispensary.

Ana felt that the curriculum had limitations, however was useful in her own country. She stated:

As a newly developing country they are doing things more manually, they don't have all the technologies and equipment and staff and all of those things. That might be something that will make it harder for you when you go back. But the BN gives you the knowledge and also the reality as you go out with the community health nurses, community nurses and district nurses. I have still been taught how to do things manually, so I will be fine.

It was clear therefore that the curriculum was not one of the main reasons why the participants had remained in NZ. The nursing authorities who were interviewed as part of the research supported their views. One senior health official said that for nurses to come to Whireia was “fantastically helpful” especially in the areas of competencies for practice from NZ. The move of education to the universities, in their own country, has been made possible through the input from New Zealand and Australian models and curriculum guidelines, and the education of local nurses in NZ and Australia. In addition, quality assurance and curriculum development have been

significant aspects of their imported knowledge to their own countries because of time spent studying in New Zealand. One focus group member commented that the “Success of being able to apply the learning from overseas depends on how well the individual’s ‘head was screwed on’ and whether or not they work hard to apply it” (the knowledge and skills gained). She was indicating the curriculum was useful, but the individual nurse needed to apply herself to its application.

The data significant to the first assumption regarding the usefulness of the curriculum has been presented here, and there will be discussion of this in the subsequent chapter. This data, although not extensive, does not support my assumption regarding the lack of relevance of the curriculum. The curriculum was seen as relevant and valuable. This was clearly expressed by the participants. Now I will present the data that is significant to the second assumption.

Cultural Dislocation

The second assumption related to the fact that through studying in another culture there was, as a result, a sense of dislocation from one’s own culture that subsequently rendered it difficult to work in one’s own cultural setting.

It was particularly interesting and unexpected that not one of the participants spoke about this as being a reason why they chose not to return home. On the contrary Ana identified an opposite view when she spoke of the increased ability to work between two cultures. She put it like this:

Overseas from , the largest  n community is here in New Zealand, so I'll probably stick around here in New Zealand. You can still live a Palangi life in the communities and still have a link with your  n community. You don't actually lose your  n identity...you can be bilingual and it is more like that because I don't really want to lose my  n identity. But at the same time I want to live a Palangi lifestyle with all the conveniences. You want to take a bit from both.

Contrary to my assumption, a recurring cultural theme that was identified was how freeing it was to be away from one's own culture. It was beneficial learning outside of one's own environment. Although all the participants identified that being away from family was lonely and very hard at times, they also stated how helpful it was to study away from home and family, away from the distractions and responsibilities. I quote Juliet :

I really appreciate staying here in Wellington it is really quiet. I can concentrate on my family (has 2 young children with her) and study...but in , or in Auckland, there is lots of family they distract me, ask me to go everywhere and do the family things... but here I can save my money, look after my family and concentrate on my study

Ana expressed the same theme. Her words were:

Oh yes, because the family obligation and the traditional obligation is far too demanding for a tertiary student to apply to. I think it was better off for me, I was better off without the family obligations and having to go to the church, you know you go to church every Sunday and you go to

all the family functions and I wasn't really into it when I was studying, I just needed as much space as I could have for my study.

The participants did identify personal growth and independence that had arisen as part of their educational experiences. Ruby stated it in this way:

I found the confidence of actually getting to stand up and speak my mind out.

Juliet put it this way:

For us commoners no matter how you got your highest degree or whatever, but if someone who works with you is a noble side you have no power, because they are still strong with the power in our culture. But the study which we are doing, was empowering for myself.

Laine explained that there was an advantage for her education in NZ, as when people from overseas come to her P.I. country she knows the policy in NZ, and is much more confident and is able to speak out on issues that she would not have previously. For example, if she is not happy with the orders given by a doctor she is able to speak up and is a better advocate for the patients. She said:

I can speak out now as I have much more understanding and knowledge

Clearly some of these issues could be alienating from the normal expectations that are held by those of one's culture; however, that was not the manner in which the participants presented it in their stories. Therefore, it could be seen that my assumption about the dislocation from one's culture being a contributing factor in the

reason why participants remain in New Zealand on completion of their BN programme was not true for these women.

The health officials in the focus group interview commented on the growth that came from travel and studying abroad. It was an empowering experience, but they did not see the experience as dislocating them from their own culture. One of the participants stated that “It is important for the students to be able to reflect back and to be “encouraged to build on what experience they currently have”, indicating that some adjustment was necessary to be made.

The participants raised the issue of culture and ethnicity. New Zealand was seen as a very cosmopolitan country with a tolerance towards those of different ethnic groups. Ruby said this about being a student with many different cultures in the class.

I enjoy the students because they all come from different backgrounds. They have come from all different types of different countries as well, all cultures and I find cultural safety really fascinating. I thought that all these were just excellent papers, I found them (cultural safety papers) really good. We need more of this at home.

The benefits of cultural safety in the curriculum was emphasised by Laine also. She said:

I notice cultural differences far more, eg between Palagi and Indian. and can see the differences in the care given to them by those who have studied overseas. They are more understanding.

From the data regarding the cultural dislocation that I had anticipated, it is clear that this second assumption was not right. I have presented the data that arose from the personal interviews and from the focus group, and I will now move to the next assumption regarding the global opportunities presented.

Globalisation

Dislocation from culture was not a significant issue for the participants in this research, but opportunities presented to them globally were greater than at home. They saw this as growing rather than dislocating. This was a contributing factor why the participants chose not to return home on completion of the BN programme. The findings from their stories regarding this area were significant, and I will now present the data consistent with this theme from the stories.

The participants unanimously felt that the opportunity to study outside of their own culture had opened the doors to greater opportunity, both in the learning that was available and for the job opportunities that were presented. In addition, the access to greater earning power was seen as a significant step, as they were part of the global economy now with an international qualification under their belts.

The chance to work overseas was a great opportunity for Mandy who had been working in two different hospitals in NZ and aimed to travel, particularly to the USA and UK, rather than attempt to return to her own PI country. She said:

I can get a job anywhere now the opportunity to travel and nurse is fantastic

Ana identified the ease of employment issues in NZ. She stated:

I came here in August and I started a job in September. It was really good. I just went in for an interview and they employed me straight away and I had to start the next day.

One of the opportunities offered by an international qualification is the chance to make more money than would be available at home. This was a very real issue for all the participants who had strong stories to tell in this regard. As Ruby said:

"I didn't go back home because they didn't have the money to pay us for the work we do. I think it is because we come from overseas...and when we come back home it's expected that you get a much different pay from those who are locally trained ...I thought I would like to work at home. If I were to work at home I would still have to be on the same base scale as the others, it would be really low...It is really sad because I want to work at home and they told me that they didn't have the money. It makes me feel really angry that they wouldn't be able to accept us and that they are losing us...I feel really stink about it that I am not able to give back

what I have learnt back to my people. In  there is this belief of nurses being (low)... they get low pay, you stay right down there and get stepped on.

Juliet spoke in this way:

My family are all happy... because this is a good chance for me to go, and come back and help all of us...working in the island the money was only for me and my family, like my husband and my children. I appreciate getting the scholarship so I can get more money to help more of my family.

As can be seen in the above quote the increased income earned overseas was as beneficial to entire families, as remittances were often sent home. This was clearly an advantage of having a global qualification. All participants, except one, send money home, which assists with school fees for siblings, and other family enterprises.

This quote from Mandy reinforces the increased opportunities created by employment in New Zealand.

If I had stayed at home I could not have helped my family in the way that I am currently able to help pay for my sister at university

Julia reinforced the opportunities when she stated:

We have to help to pay for the school fees...for my younger brothers and sisters. This is how I appreciate getting the scholarship so I can get more money to help more of my family.

Ruby is also able to assist her family by sending amenities home. She stated:

I don't only send money home, I do send stuff as well, my Dad owns a shop so I send some things for him to put in the shop.

The chances spoken of above are possible because the graduates receive both a BN degree, and the NZ Comprehensive Nursing Registration. It was identified through the participants' stories that the qualification of the Bachelor of Nursing was important, but the registration, (which is a Nursing Council of New Zealand requirement for all registered nurses in New Zealand) was not seen as so important by all the participants.

I quote Juliet:

In  the Bachelor of Nursing is really important. I am already registered in the Islands so from there to the Bachelor of Nursing is a really big step. Its really important. No it(New Zealand Registration) isn't that important because it is only in New Zealand, the chance to work in New Zealand is no use to me.

This aspect was discussed in the interview with the nursing authorities in the focus group. It was stated that they wanted to disallow their graduates in New Zealand to achieve the New Zealand registration. Without NZ registration global opportunities, including work in NZ, are reduced. This would then mean that more scholarship recipients would return to their Pacific home to work.

I have presented the themes that emerged in the data. These related to the original assumptions held as to why the graduates did not return to their own countries on completion of their studies. I was consciously looking for these themes in the stories from the participants, as they related to my original assumptions as outlined on page 2 and 3. My original assumptions were not consistent with the participants' experiences. Two of the original assumptions (regarding curriculum relevance and cultural dislocation) were not validated as important in the stories from the participants, nor from the health authorities. The third theme regarding globalisation was of importance.

There were additional themes that emerged in the data, which will now be presented. It is an aspect of narrative research that a range of themes will emerge from the stories and so the emergent themes that I had not consciously been looking for were of particular interest, and also provided some surprises to me. These themes are

difficulty getting a job, the lack of welcome offered at home and aspects of professionalism that made it less attractive to work at home. These themes contribute to the research questions outlined on page 6. They help to identify positive and negative experiences for the participants, and foster the development of strategies that might enhance a programme of study for scholarship recipients.

Difficulty Getting a Job

The first additional theme, as mentioned on page 70, is that of difficulty finding employment in the PI country. This was a very negative experience for the participants to experience on completion of their programme of study and as such provided an answer to the research questions outlined on page 6. It was a consistent theme with three of the participants speaking strongly of the employment difficulties. This was a surprise to me as I had envisaged that there were employment opportunities in abundance at home.

Mandy told this to me and I am sure you can imagine the frustration of this young, willing and able nurse. I present her edited story here, as this was one of the interviews that I was unable to tape record; hence, it is not in the same format as other quotes taken directly from the participants.

Mandy's story

Mandy had returned to her home as a new graduate with the assurance of a job in the main hospital in the capital city. She had a letter of support written by the former Director of Health, when she went to study in New Zealand, and felt this would help

her get a job. On return, there was a new Director of health, but believing that the hospital was in need of nurses she gave in her application and a job was promised.

For two months there was no reply to her application. In desperation for a job, she rang up, and was told to go to the Health Department, and they would have a word about her contract. She understood from this that a job was being offered to her. On arrival, she found that the Director of Health was on holiday, and the acting director had no idea where the applications were. They requested her to re-apply, which Mandy did, handing in her application personally. For another four months, there was no reply. Mandy then went into the department again to try to find out what was happening. (This was a significant journey involving expensive travel between islands.) The Director was back at work, and his secretary stated the time and day for her to come in for an appointment. On arrival for the appointment, both the secretary and the Director were not there. This occurred on two occasions, which caused Mandy to burst into tears in frustration. The next day, she went in to find out why no one was there. To her surprise, she was given a letter stating she had no job because there was no money to employ new nurses. In the meantime, she had taken a job with a private organization in a voluntary position. After working for them for some time, she expressed the need to be earning money and was paid \$20. At this point, she left. She applied for a job back in New Zealand and got the job without waiting.

Mandy suggested one reason for her difficulty was that:

"It is a cultural thing...they are interested in employing people from their own provinces or their friends".

Unfortunately, her experience was not an isolated incident, as Ana also had some difficulties getting a job at home. She said:

...you go back, and you have to apply for a position, you are not secured a position for when you come back (after being on a New Zealand scholarship) They were a bit reluctant to give me the job, because they were thinking that I might go away after a few years. They were looking for people who will give them the assurance that they are going to stay and work in  for ages.

One of the reasons given as to why jobs were not available was that there was a shortage of money to pay the new graduates. Ruby's experience was that:

I didn't go back home because the... health department in , wouldn't accept us to practice at home. (Said with hesitancy and caution) It is really sad because I want to work at home and they told me that they didn't have the money. They didn't have the money to pay us for the work we do.

The shortage of money was reiterated as significant in Laine's story. She was previously a registered nurse in her own country, being a graduate of the diploma programme there. She completed her Bachelor of Nursing in New Zealand and returned home where she was currently working in a surgical ward in the same hospital where she had been employed previously. She was initially paid at the same rate as previously and in the same position. There is no extra money for shift work,

for example on night duty a nurse doesn't get any more money. Such issues reduce the attraction of employment at home.

Ana told of how she was able to get a job, but it was not in an area of her choice.

There is only one main public hospital back in  , and I was very interested in going into the medical ward, but they wanted me to go somewhere else, to another ward..., but my main interest was the medical ward.

According to the health authorities in the focus group their view on this issue was very clear. Nursing in their country is an increasingly attractive profession, with very wide scope of practice for the graduates. There are increasing numbers of jobs available in the private sector with health clinics being established by mining and forestry businesses. The difficulty was finding the resources to fund and equip the public hospitals. As previously mentioned on page 84 these nursing authorities would be very keen for overseas graduates not to receive the registration of the host country, which would encourage them to return home. This was expressed by one of the members of the focus group who stated: *"I wish we established with the NCNZ that our graduates do not get NZ registration"*

Alternatively the nurse authorities recommend graduates being bonded on completion of their studies for two years, which would enforce them to return home for this period to work in the public system. This would of necessity be at a low wage.

The very real difficulties that some graduates spoke of about employment at home were clearly reasons why they were not working in their PI communities. As the data that has been presented here indicates both the personal interviews and the focus group provided data consistent with the theme of difficulty finding a job. I have not included any direct quotes from my field notes regarding this topic, however the fact that I was surprised at this limitation of employment is evident.

There was the additional difficulty in the stories that once a graduate does get a job they can find themselves in a very unsupportive environment. This leads us to the next theme that emerged.

Lack of Welcome

The second additional theme that emerged from the data, as outlined on page 69 was that of a lack of welcome on return home. Three of the five participants had a story to tell about the lack of welcome received from other nurses on return to their own country. All three were in strong positions to tell these aspects of their stories as they had all worked, or attempted to work, in their own countries. They had quite fearful and concerned expressions when telling these, signifying strong themes in the narrative. It could be argued that this theme is consistent with my assumption regarding cultural dislocation (page 2), this will be discussed in the next chapter. The theme also assists in answering the research questions presented on page 6, and may assist in development of some useful strategies will are presented in the chapter on recommendations.

The strength of feeling that the participants spoke about the lack of welcome was a surprise to me. The field notes written soon after the interview with Mandy record: *"She is still so angry and said that it would be good to stop the scholarships to teach the people at home a lesson. The sense of loss when she said 'no-one wants to know about us, no-one cares how hard I had worked and no-one cares about my degree or anything' left me feeling really gutted. Mandy had been completely humiliated in her own country and now will only return to visit family"*

The lack of welcome that Juliet talked of indicated that the older nurses hold onto their ways and are resentful of "foreign" educated nurses. She stated:

The old staff they are not helping, they just laugh when they (new graduates) make a mistake. And the new staff can't be heard ... the old staff say "you just became a nurse yesterday, we were here working ages ago"...

Ana showed her understanding of some of the concerns that the established nurses had when she expressed this in her story:

It is very difficult, because there are old ways of doing things and there are rituals of doing things and then you come in with your new knowledge and all the things you have learned and try to influence them into taking them on ...Because I think that is one thing that really makes them feel very uncomfortable is people that have been educated coming back home and trying to influence them, it's such a threat for some people and only a small minority of them will take that on and accept the things you come home with.

Mandy talked of the sensitivities of the issue in this way:

I know I can't just walk into system and say "here I am" but they are scared we will all want to start at the top. We need to be all working for change together, but there is fear of what we will do. Some people are scared of change.

The knowledge of an unwelcoming situation at home was not conducive to the graduates to actively seek employment. They had heard the stories of hostility from other nurses and been put off. For example Ruby commented: *From what I hear I don't think they really want us in the wards at home anyway.*

On a more positive note Laine's experience of support and welcome was not as grim, and she felt that the fact that she had already had previous nursing experience in her PI country was beneficial to her employment on return. She said that:

I was expected to know everything, but found that people were very helpful. I was well aware that I didn't know everything, and had to learn a lot on return.

The health authorities in the focus group were asked their perceptions about how welcomed scholarship recipients were. They chuckled and indicated that it was up to each individual to "earn their way in". There were no particular expectations regarding orientation, sometimes support was offered, but it depended on "what was going on".

The data relevant to the difficulty of not being made to feel welcomed within their own communities has been presented. The comments from the field notes, personal interviews, and the focus group indicate that this was a significant issue for the

scholarship recipients and for research to reveal. It helped to answer the research questions (page 6) and suggested some strategies that may address the issue of why scholarship recipients do not return home. There will be discussion about the issue of the lack of welcome from nurses in the next chapter.

Professionalism

The third additional theme to emerge from the data, (as outlined on page 69) is entitled professionalism. Two aspects emerged with relevance to this theme. The first was about the lack of promotional prospects at home, which does not attract graduates. The second was the manner in which graduates were expected to work in their own environments, as there were ethical concerns and issues about the standard of nursing care they were to deliver. These combined to create concern about the potential for loss of skills and knowledge that had been developed during the three years of the BN course, and as such relate to the research questions that were stated on page 6.

Lack of promotion.

There was a strong sense of frustration revealed by the participants that led to this being identified as a theme. As the field notes mention :*“They want to do the best that they can, but are stymied. There is a real concern about losing knowledge if they are not valued and their skills acknowledged.”*

Juliet expressed frustration about the lack of scope for promotion and professional development ,and identified a lack of career pathways for nurses to follow.

They (nurses at home) are over 65 and still at the same positions and there is no chance for us who have finished to come through (and be promoted)

The nursing authorities also identified this lack of clinical career pathways as an issue in attracting new graduates home. They commented that management and longevity is often the focus for promotion, but there is a need for a greater clinical focus in professional development of current nurses. They identified that this would assist promotion and foster development of the profession, allowing new nurses to feel supported and older nurses would develop more skills. In the focus group interview it was stated that postgraduate certificates and courses would help here, with emphasis to keep the focus on clinical careers. This would encourage the attraction of being at the front line of health care delivery, and improve the quality of health care that is being delivered.

The participants in the research recognised that they had a responsibility to foster the ongoing education of nurses at home. This would include a teaching role which has already been identified as an area that two of the participants had expressed a desire to return to their own countries for. The importance of education overseas to foster this professional development was expressed by Laine in this way:

*If there was no scholarship then I would only have access to local study...
and would never know the difference between what happens in  and the rest of the world. What happens overseas is a very important part of learning. If there is no overseas study there will be no in-service education,(at home) as this is usually given by those who have had overseas education.*

To summarise, in this section there has been evidence from field notes, personal interviews and the focus group that assist in answering the research questions (page 6). The lack of promotion opportunities was a negative experience for the scholarship recipients. It contributed to them not returning to their PI homes to work. This will be further discussed in the next chapter.

Professional issues

The lack of promotional opportunities was seen as a barrier to returning home, but of greater concern to the participants were professional issues related to the manner in which they were expected to work in the PI countries. Being expected to behave in a manner that was identified as unprofessional was an issue.

Juliet said this:

Sometime they (medications) are out of stock, or past their expiry date, but we still use it and they said 'one month old it will be all right'. But the only thing that they are really aware is with IV lines and if the solution is really expired they give up... Also the patient's rights do not really matter in the island. Even like doing a consent form sometimes they withhold information. They don't explain the patient can refuse and are just telling the good side, not the other side.

Mandy discussed her concerns in this way:

There are difficulties doing some things in  as there is limited equipment in some areas-in the main hospital they have good equipment, but at a private clinic there was some equipment missing and although they had the medication they were unable to give it, with tragic consequences for at least one patient

Another aspect of professional concern was that the graduates were not supported or were directed to work in areas with little expertise. As Ana said, (and she has been quoted previously as this was a very important issue for her):

There is only one main public hospital back in , and I was very interested in going into the medical ward, but they wanted me to go somewhere else, but my main interest was the medical ward.

Such concerns led to anxiety about losing skills and knowledge. As stated by Ruby:

If I were to go back home I would actually lose most of what I have learnt...I would really love to go back to  but our health system is so down, down, down. So as a new grad I wouldn't want to go back home just now and nurse there. Because I am just a new grad and don't have the experience...I would say that being a nursing student for the last 3 years has really gained me good back up, but I would like to do more of that and learn more expand out from there. In New Zealand you get a lot of new information keep your information updated...

Ruby was another participant who had concerns about keeping her knowledge up to date, and accessing new information. She said this concerning accessing new ideas:

I wouldn't think the nursing students in  would know how they would go about accessing it unless, there was a tutor from overseas who comes in who has current basic knowledge about nursing research and would offer to go and teach that nursing research they would have access to the internet. Its just not what they want, they couldn't be bothered. This is what I have actually seen with the nursing students in  all they

care about is their patient and whether they have the nursing skills to nurse them, the practical skills. They don't think about so much of what the information is; the new information to get their knowledge updated.

This presentation of the data on the theme of professional issues has all been from the personal interviews with the participants. There was acknowledgement from the health authorities that “*Things are done differently here*” but it was suggested that the returning scholarship recipients needed to “*blend in*” rather than raising the professional issues as items of concern.

The research questions (page 6) were answered through this data being revealed, discussion will occur in the following chapter, and some strategies to address the issues are presented in the recommendations section.

Summary

There were strong “pull factors” that reflected a positive attitude and willingness to return home to work. However despite this desire to return only one of the participants was actually working in her own country. The reasons why this is so have been presented as themes that emerged in the stories of the participants. These have been presented in relation to the three assumptions that I had originally (page 2 and 3). Other themes that emerged also helped to answer the research questions as outlined on page 6. These themes were the “difficulty in getting a job at home”, the “lack of welcome” and support from other nurses. There were “professional issues” relating to promotional prospects and the manner in which one was expected to work, therefore there was the possibility of losing the skills and knowledge that had been gained.

I conclude that the participants did not support the assumption regarding the curriculum having limited relevance. Neither was cultural dislocation a factor in their decision not to return home. However, the opportunities offered by the global qualification, in particular the increased ability to assist family members, was a significant reason not to be in the PI country of origin.

In the following chapter, I will discuss the findings from the stories of the participants. These had answered some of the questions that the research had intended to discover. These referred to the value of spending NZ aid money on nursing education, and to identify how relevant the BN curriculum was for use in PI settings. Undoubtedly the nursing education experiences had been positive for the recipients, however there were some ways in which the BN programme could be improved, which would have benefits for health outcomes in PI countries.

I complete this section of presenting the data with the words of Ruby, who summarises some of the difficulties of returning home to work.

This is why I haven't thought about going to  yet. Because I would lose my nursing skills, and I wouldn't want to lose it. It is really valuable to me...If I go back to  I would basically go back far behind. If I come back overseas it would be really hard for me to catch up as well. I would still have my basic nursing skills, but the lack of new knowledge would leave a big gap between my practice and theory.

CHAPTER FIVE

Discussion of the findings

“Te manu e kai ana i te miro—nona te ngahere

Engari te manu e kai ana i te matauranga – nona te ao.

This Maori proverb means:

The bird that eats of the miro berry, owns the forest

But the bird that eats of education, owns the world.”

From this whakatauki it can be seen that in Maori culture the concept of the internationalisation effects of education are well understood! This was also true of the participants in this research and was one of the reasons why they chose not to return to their own countries on completion of their studies. More importantly, the participants did not feel welcome to return home to work. I had not expected this. There was a gap between my assumptions held at the beginning of the research, and what the data revealed. As outlined on page 6 and page 42 I had gathered the data to discover if New Zealand’s contribution in the area of nursing education as part of its aid programme is spent well. I also wanted to identify what is in the curriculum that is

specific for Pacific Island contexts, and to identify positive and negative experiences for scholarship recipients and reveal how programme delivery can be improved. I was hoping to develop strategies to enhance a programme, in order to improve health outcomes in Pacific Island countries, and I wanted to hear the stories of those who have successfully completed a programme of study.

There were a number of themes that emerged from the stories, and they will be discussed and interpreted in this chapter. Before considering these issues there is another important point that emerged as part of the research process.

Lack of review of scholarship recipients

There was a remarkable lack of follow-up of the participants in this research. As scholarship recipients, there was no review of their experiences or evaluation of the course of study. This was not carried out by either the organisation that administers the scholarships on behalf of the NZ government, or from the educational institute where they had been students, or from their country of origin. It was a great surprise to me that there had been no previous reports written on completion of the programme⁵. The participants had not been asked to report about their experiences after completion of their BN programme. There was a gap between what was offered in terms of the actual scholarship, and what was offered in terms of follow up by either NZ or the country of origin. A comment from my field notes written at the time reads, "I am staggered. None of these women has had any evaluation to

⁵ The tracer study carried out by Davenport and Low [page 2 and 7] and released in 2004 did not include these scholarship recipients as that study was only involved with scholarship holders who had completed their studies between 1990-1999.

complete. They are followed up while in the BN programme, but whether or where the scholarship money gets used after course completion is a void.” This lack of follow up is confirmed by the officials at NZAID who identify that their responsibility is only to the allocation of the scholarships and to the successful completion of the courses. (Personal communication NZAID personnel, June 2004).

I found this lack of evaluation of the effectiveness of the outcomes of programmes unjustifiable. It suggested that whether the aid money was well spent in nursing education was not assessed at all. It also made me question the rationale for the Aotearoa scholarships to have been withdrawn. If there was no follow up of the previous scholarships, how could the reasons to phase out the scholarships be justified? This requires further investigation that was beyond the scope of this research. In addition, the participants’ experiences were at variance with some of the literature that purports to be follow up of scholarship recipients. For example, Thyna states of Vanuatu graduates “they are quickly absorbed into the open market where they find relevant employment and begin to contribute to the nation’s development.” (2004 cited Sanga, Niroa, Matai & Crowl, 2004 p190).

The lack of review of participants’ experiences has been identified and discussed in this section. It is relevant in this thesis, as it is a negative aspect of the scholarship scheme. It is of concern as the scholarship scheme is being altered (page 6) and yet there appears to be limited personal documentation gained to support that policy shift.

The findings from the participants' stories will now be discussed. This will occur under the same headings that were used in the "results" chapter, that is: "curriculum", "cultural dislocation", "globalisation", "difficulty getting a job", "lack of welcome" and "professional issues". The chapter will then present the limitations of the research.

Curriculum

As identified at the outset of this research there had been an assumption, by the researcher, that the BN curriculum the students studied was not suited to application in the Pacific Island countries from which the participants came. As identified on page 6 and page 42, I wanted to know what was in the curriculum that is specific for PI contexts. In the literature review it was discussed that there were possibly issues that related to the use of technology and equipment, or that the curriculum content was not applicable. It was therefore surprising to discover from the graduates' narratives that the usage (in terms of both focus and content) of the curriculum was relevant. This point was further emphasised by the health officials, and the reason given for this was that a Western model of health care is used in the PI countries that the participants in the research came from. There are few indigenous health practices that are used in the formalised health care systems in the PI communities, hence the participants indicated that the curriculum was relevant. This would be reinforced by Ritchie and Short (2000) who describe how, with the infiltration of Western health care techniques into Samoa, the local approaches were swamped and deemed inappropriate. The Western worldview already dominates in health care systems in Pacific Island countries.

My assumption (page 2) that it is not easy to transplant the curriculum into another culture, because of little relevance, was therefore not an element of the stories from the participants. However, graduates are required to be adaptable in the manner in which they apply the knowledge and skills gained in NZ. The literature supports this need for adaptability, for example Sanders (2003) states that “health science graduates who return to their countries of origin to practice their chosen professions do so in health care systems that are very different from the New Zealand system” (2003 p11). It was revealed in this thesis that nursing students were content with the curriculum that they had been offered, however it would be interesting to discover in several years if that is still the case, or if with experience gaps have been revealed in the original nursing education received.

In addition, the participants’ own learning was identified as being a positive experience. Of course, there had been some difficult times during their studying, particularly with personal issues, but overall the participants did not identify negative experiences within the course. This was a very strong answer to the question raised on page 6, and 42, and also suggested that my concerns regarding a lack of cultural safety were unnecessary (page 24). An alternative interpretation is that the participants chose not to discuss this as a difficulty with me. I believe that this issue warrants further research, particularly being carried out by a person of the same culture as the participants. As identified on page 48 I had concerns about the issue of power imbalance that could influence the answers to my research questions. This could be a possible reason why the participants were not critical of the curriculum. In addition, they had been “guests” of NZ while studying and it could be their inherent

good manners not to judge what had been offered. This will be further explored as limitations of the research later in this chapter.

For these graduates therefore, the assumption regarding the curriculum having reduced relevance was not an issue. This topic has been addressed throughout this research, as it was a key assumption (raised on page 4) and led to the development of the research questions (page 42). It was important in the development of the interview and focus group questions (page 57 and 61). Nevertheless, as was evident in the results on page 75 my assumption about curriculum not being relevant was wrong. However, a greater emphasis on management and leadership were identified by the participants as areas to develop. It is interesting to note that the curriculum under examination is currently being altered and there will be an increase on Pacific community focus in the new programme. In addition, a separate BN programme specifically focussed on PI students has commenced in 2004 at Whitireia Polytechnic, as already mentioned on page 20.

Cultural Dislocation

As was revealed in the results section (page 78) the participants did not identify that they had become dislocated from their cultures as a result of their educational experiences away from their own environments. On the contrary, they identified that they were now better able to work between cultures, and growth and personal independence was a part of their experiences. This was seen as positive and part of their own development as individuals. Therefore, my original assumption (page 4) about those being educated in another culture becoming culturally dislocated and so remaining in NZ to work, was wrong for these participants. Nevertheless, it could be

seen that the lack of welcome that they felt on return home could be interpreted as a dislocation from culture, as they were unable to “fit in” as they had expected. This was about the culture of nursing rather than their Pacific identity and related to the lack of professional development of nursing in their own countries. It will be discussed in the section on lack of welcome (page 115) and under professional issues (page 124).

Rather than giving a sense of dislocation from their communities, the education received allowed the scholarship recipients to contribute to their communities in a manner that gave them much pride and promoted the wellbeing of those at home. This was through the remitting of money, and goods. This was a significant source of satisfaction for the participants and will be discussed separately here.

Remittances

Money sent home by those working overseas is a major source of national income for many Pacific Islands (Cassie, 2003). Fairburn-Dunlop suggests that general estimates put remittances through official channels at 40% of GDP for Samoa, with money entering the country through unofficial channels believed to represent an additional 33%. (Cited Emberson-Bain, 1994 p180). The advantages and disadvantages of remittances from relatives living abroad have been discussed by Poirine (1998), Bertram (1999), Fairburn-Dunlop (cited Emberson-Bain, 1994), Hughes (2003) and other authors.

Geoff Bertram is an economist who has written, “Pacific Islander populations became globalized long before most of the non-OECD countries” (1999 p107) and

he writes of the value and importance of remittances as part of the income of many Polynesian and Micronesian countries. He states, “It is the release of family members and family savings from village agricultural and fishing, and their outward movement to other sectors, other islands and other countries that opens the way to securing higher incomes” (Bertram, 1999 p 107). Bertram identifies that this had been a preferred pattern of resource allocation under international conditions since the late twentieth century and is a vital part of the sustainability of island cultures and wellbeing.

The stories from the participants reinforce Bertram’s views. They are very clear that they are contributing to the wellbeing of families and the community at home, despite not being there. In their stories, it seemed to be a vindication of their not returning home, it helped them to make the decision to stay away. This was recorded in my field notes after the interview with Ruby: “The effect on health in (her PI country) that she is having by staying here (in NZ) is huge. The pride her family feels for her, the money and goods she sends home are so beneficial to her family and the wider community. The ripples that are created by this may be just as effective as the splash she might make by physically being at home.”

There are commentators who are against the remitting of money home. They see this form of remuneration as exploitative and that it encourages a ‘money for nothing’ attitude amongst those who benefit from the labours of those who are abroad. It can be seen as something “not right” as the money received is not earned directly by the island community. Helen Hughes is particularly strong in her criticism of this system, which relies on clan loyalties. She states, “Clan loyalty, admirable in

traditional societies, is inappropriate for a high income modern society....it makes it impossible for individuals to save and invest” (Hughes, 2003 p11). Not only do I find Hughes criticism of these practices patronising, the experiences of participants in this study do not support it. They were able to provide for their financial needs as well as contributing to the health and well-being of families in their own countries. They derived satisfaction from being able to do this, and although there was a sense of duty expressed, there was the reciprocal satisfaction of a duty well carried out. Being able to strongly assist their families was sufficient reason for the participants to remain in NZ. It gave them a sense of contributing to their communities, and far from being dislocated from their cultures, they felt that they were adding to their cultural groups.

I will now explore the issue of globalisation, which was a strong reason why the research participants did not return home after completion of their studies.

Globalisation

One of the original assumptions (page 3) prior to embarking on this research was that increased opportunities created by education in NZ opened the international doors for the scholarship recipients (page 5). One of the research questions asked specifically about their intention to return home on completion of their BN programme. This was a significant issue for the participants and will be discussed in this section.

Globalisation of health services is manifest by the movement of health personnel to provide services across international borders (Bettcher and Lee, 2002). With

globalisation, people are drawn to areas with attractive conditions and where their skills are rewarded, but this can have a profound impact on Pacific Island communities who can ill afford to lose their professionals to other countries.

If through the education received the graduates, who are the focus of this study, are able to be effective international nurses and educated citizens, there would be few to argue with the fact that this is helpful. Indeed, education providers are aware that their education provision is required to equip the planet with internationally competent practitioners. Sanders (2003) makes the point that there is an expectation that universities (and those institutions offering degree courses) have a responsibility to equip students to become global citizens. In a global environment, it is important that tertiary education has an international orientation and aims to prepare students to perform professionally in multicultural contexts (Paterson, Osborne and Gregory, 2004., Richardson and Blancett-Cohen, 2000). Therefore, internationalisation of the curriculum is inevitable, and curriculum design needs to address domestic as well as foreign students (Sanders, 2003).

The stories of these graduates confirm that the curriculum does allow them to explore the scope of nursing internationally, as the future of their careers was seen as being global. Hence, their stories are evidence of very successful education, however, it does little to directly alter the health outcomes for those at home in the PI country, as they struggle to retain nurses. One of the research questions related to how well spent in nursing education is the scholarship money (page 42). I argue that this has indeed been very well spent as these nurses are able to be effective in a range of environments and doubtless will contribute to the nursing profession over a period of

many years. What is unlikely is that this will be in their own PI countries unless they are made increasingly welcome. This does not mean that they do not contribute to the health outcomes in their own countries. By being a source of pride and inspiration to their families they are contributing to mental and emotional wellbeing, and they also send money and goods home which are used for the collective benefit of family members. This was discussed on page 105.

The effects of globalisation and internationalisation of qualifications for nursing throughout the world has significant effects on communities to retain their own qualified health professionals. (Pang, Lansang & Haines, 2002., Kline,2003). Small Pacific countries are particularly vulnerable because they can ill afford to lose nurses. The movement of qualified personnel to another country is often referred to as the “brain drain”, and is caused by increased attractiveness of a profession in a country that offers rewards such as higher pay and better benefits. It affects countries in Europe, as well as New Zealand and the Pacific Islands (Bosch, 2003).

The topic of brain drain raises a challenge of how this can be turned into a “brain gain”. Meleis (2003) talks of the opportunity for empowerment from the chance to work alongside those of other cultures. She discusses the brain drain as seeing the importation of “foreign” nurses as a temporary workforce having potential for long-term benefits for all. Nurses are generally underpaid and overworked globally, but having the opportunity to work in an economically rewarding area can be liberating, their work is affirmed, they develop abilities with technologically advanced equipment, adopt evidence-based models of practice and increase the educational opportunities for their children. Skills are advanced, knowledge is advanced and the

sense of self enhanced. Through such inter-cultural experiences and working together many nurses can become more culturally sensitive and more global.

Part of the preparation of internationally capable graduates of any programme is the conflict that this brings to retain local flavour. It appears that in NZ nursing we are strong on international preparation, and short on Pacific focus. The National Survey of Pacific nurses and Nursing students revealed that about 71% of PI nurses were enrolled in programmes that lacked Pacific content (Ministry of Health, 2003). New Zealand is a Pacific country and I believe it is high time that the nursing curricula in this country were challenged to offer a much greater amount of Pacific content. Earlier in this work, (page 15 and 27) I was enquiring as to how relevant the Eurocentric curriculum is for the Pacific area of the world, and although the participants revealed they were content with what was offered, this could be because their focus is more global than local.

The global outlook also takes into account that there has been extensive migration from PI communities to NZ, which has resulted in one in sixteen, or 231,801 people in New Zealand being of Pacific ethnicity at the time of the 2001 Census (Statistics New Zealand, 2004). It is fitting that Pacific Island nurses increasingly care for these people. Pacific nurses in Aotearoa/New Zealand form the largest proportion of the Pacific health workforce. In 2000, 802 Pacific nurses were registered with the NCNZ; this number had risen to 964 by 2002, (Ministry of Health, 2003 p64). Despite this increase, Pacific nurses form only about 3% of the NZ nursing population (Ministry of Health, 2003). There is a real need for Pacific nurses to care for Pacific people in New Zealand which is the reality for the participants in this research, who felt that

they were able to work very effectively here (in NZ) with their own people. This is a truly global way of thinking, and certainly the health of Pacific people throughout the Pacific region is improved by the retention of Pacific Island nurses in New Zealand. Nevertheless, it does little to assist the nursing numbers in their own countries.

Registration

As has been stated earlier, the BN degree that the participants in this study gain is an internationally recognised qualification, however, it does not confer registration as a nurse. The Nursing Council of New Zealand (NCNZ) holds the register and passing the State registration exam or meeting other requirements, such as evidence of competent practice, is required.

Registration criteria enforcement is one strategy that is used by countries to ensure the quality of nurses employed. The nursing health authorities that were part of this research saw globalisation, and the resultant loss of their own country's nurses, as a problem for them to address. In order to counteract this they would choose not to allow their graduates to receive NZ registration. This would ensure that their graduates returned home (page 85). This is not possible under the Nurses Act 1977 (New Zealand Government, 2004), which states that the Nursing Council of New Zealand cannot refuse registration to anybody who meets the requirements. Nevertheless, there are ways in which health officials can get around this in order to retain nurses. For example, they can delay release of documentation for individuals to the NCNZ, which ensures that the nurse is delayed, sometimes by several years prior to receiving NZ registration. Although this had not been the experience of any of the participants in this research, the health officials were well aware of their power over individual nurses. They saw their primary responsibility to the maintenance of

adequate nursing staffing levels in their own country, rather than to the individual nurse, and were prepared to delay documentation if that was required in order to induce nurses to remain at home. They also felt that bonding was an effective way to ensure nurses returned home, but as stated on page 7 such arrangements have limited success (Davenport & Low, 2004). It is beyond the parameters of this research to pursue this further.

It is clear that global opportunities were one reason why scholarship recipients chose not to return home. This confirmed one of my underlying assumptions held at the beginning of this research. The new themes that emerged from the participants stories are now discussed. These include difficulty getting a job, lack of welcome and professional issues.

Difficulty getting a job

I will now examine an aspect of the research that was a real surprise to me. This is the difficulty that the participants experienced finding employment in their own countries. This was a significant reason why the participants were not working in their home environments. As a result of discovering this surprise, there is potential to develop some strategies that may enhance the eventual return of the valuable RNs to their PI countries. The development of some strategies was an intention of the research (page 6) and a focus of the research questions (page 42). Some recommendations consistent with this will be presented in the next chapter.

According to the health officials who were part of this research there is a shortage of nurses throughout the Pacific, with particular need for well-educated Registered

Nurses. It is ironic therefore that the stories from the participants revealed that it was not always easy to get employment at home. There are several reasons for this, according to the stories from the participants. These including limited money available to the health authorities to pay workers, and a lack of policy regarding employment processes.

Nurses' pay

Nurses' pay is a particularly significant part of the stories for the participants. It was suggested on page 84 that some of the PI countries found it difficult to pay nurses and so did not offer them jobs. The degree that the students gain is an international qualification and the graduates are aware of their worth on the international market for nurses. The pay awarded to nurses is a significant part of job attraction, and reflects the professional status (or lack thereof) of nursing in PI countries. The amount that countries can afford to pay their professionals is part of the global dilemma, as discussed in the previous section.

The nurse officials who were part of the focus group agreed that pay and conditions were ongoing issues, but they felt that it was difficult to alter the situation. Throughout the world, nurses have for a long time argued for increased recognition through greater remuneration. The Pacific Islands with limited dollars in their coffers and small budgets to adapt find it more difficult than many to increase rates of pay. However, the harsh reality is that with an international qualification under their belts and higher rates of pay elsewhere there is a real need for a financial carrot to be dangled before return to the domestic workforce becomes a reality for the scholarship recipients. The nurse officials in the focus group interview raised the

issue of forcing graduates to be employed at low rates of pay through a bonding scheme. My concern is that it may have the detrimental effect of discouraging nurses to enter the profession. It continues to undermine the value of the work done by nurses. It is inconsistent with the ongoing development of nursing as a profession worthy of pay commensurate with the skills and knowledge required.

It can be seen from this discussion that money, or lack thereof, is a significant part of the reason why the participants in this research chose not to return home after completion of their BN study. If the pay is not available there are limited jobs available, and employers will pay low wages. The graduates will be able to find employment elsewhere that will reward them at a greater rate, which in turn assists their families through remittances, as discussed on page 105. Another reason why it was difficult to get employment was because of the employing body's policies or ability to implement policy.

Lack of policy and organisation

A reason for the lack of employment opportunities was that there was confusion about how jobs were attained. Processes for employment need to be clear and policies adhered to if nurses are to be attracted to jobs. Personnel employed to carry out employment procedures were not available to do their jobs on several occasions, as revealed in one of the participant's story. The lack of organisation and communication from the hospital revealed in Mandy's story (page 86) was very clearly an example where if there were policies regarding employment they were not available for her to know them. In spite of her completing all the documentation

asked of her, the documents given and the impressions she had been left with were at variance with the reality. There was also the suggestion made by Mandy that as she was from a different island than the hospital administrators, that they were reserving the jobs for their own family members. Such tribal affiliations and support for one's own are part of the manner in which traditional structures are maintained; however, they do little to attract well-educated young graduates into employment. Transparent employment processes would go a long way to providing some reassurance to those seeking employment. This could be a strategy that emerges as a result of this research, consistent with the intentions of the research as outlined on page 6.

Lack of welcome

The participants in this research clearly expressed that as new graduates they were not welcomed by other nurses on their arrival back into their own countries. There was tension between the expectations placed on the new graduates and the level of support to help the new graduates settle into their roles. At times, this lack of support was actual hostility. They had been laughed at for not knowing things, they had not been listened to, their knowledge and skills were dismissed and undermined, they were not guided or supported. Fear and frustration resulted from this hostility. Other participants heard of the situations and as a result did not attempt to gain employment. These were strong reasons why the participants were not at home, and were very negative experiences that arose after completion of the BN programme. It confirmed the questions posed on page 42 and the process of talking about their experiences allowed the opportunity to release some strong feelings, which had not previously been expressed. I refer to some of the negative and hostile experiences as

horizontal violence, a term that is used in nursing and sociology, that is now described.

Horizontal violence

This concept is defined as lack of support or sabotage directed at co-workers within an organisation's hierarchy. Behaviours described as "horizontal violence" can include devaluing, discouraging, excessive criticism, withholding of information and other forms of destructive communication (Dunn, 2003., McKenna, Smith, Poole & Coverdale, 2003). The incidents of being laughed at, of being discussed behind their backs and of not being given guidance that the participants described are horizontal violence. The behaviour is self-destructive as the "lack of respect for colleagues has damaging effects on the development of the nursing profession" (Dunn, 2003 p2). Hostility between Samoan nurses was written about in 1962 and was put down to jealousy. "There appears to be a tremendous jealousy among the senior staff nurses, concerning Samoan New Zealand-trained sisters. This in view of their years of experience is not to be wondered at" (Hoy, 1962 cited Barclay, 1998 p67)

International literature suggests that jealousy is not the only cause for reluctance of established nurses to welcome new graduates, and this is not specific to the Pacific graduates. As identified by Yoder-Wise (2003) any new graduates can be considered "just another burden for experienced nurses to face" (p101). Parker, Plank and Hegney (2003) discuss a range of distressing intracollegial incidents and the lack of support for new graduates in Australia, and they identify that if support is not offered to new graduates they will be lost from the nursing workforce. Within the New Zealand context McKenna, Smith, Poole and Coverdale (2003) examine horizontal

violence. There is little to excuse the behaviours of those who undermine new colleagues. There are some explanations offered here as to why it may be worse for PI graduates returning home.

Upsetting traditions

Although the literature identifies that lack of support for new graduates is unfortunately part of the reality for many new graduates, it is worse within the PI context. This is because of historical expectations and the fact that the new graduates are expected to be change agents.

The manner in which “foreign educated” nurses are received at home has been established historically in many PI countries. I will use Samoa as an example, but the situation is similar in other Pacific nations. Barclay et al (1998) describe that in Samoa, there were divisions between nurses trained locally and in New Zealand. Not only did they have different titles, (the title “nursing sister” was only given to the NZ trained nurses) but also they had different pay scales and working conditions. Generally, the New Zealand registered nurses were assigned to a ward or department as the “sister in charge”, despite the fact that frequently the more experienced nurses were there. These older and experienced nurses were not always supportive of the new graduates, and at times created real divisions (Barclay et al, 1998). The overseas-qualified nurses were the privileged few. These historically established attitudes and behaviours contribute to the hostility and lack of welcome felt by the new graduates returning today.

The health authorities who were part of this research identified that experience, rather than qualifications have been historically an indicator of a nurses' value in their country. A similar situation exists in Japan where Stockhausen and Kawashima (2003) found that nursing seniority was rewarded for longevity of employment rather than skills. Such a system reduces the value on gaining new knowledge and professional development of the nursing workforce is not fostered by this reliance on years of service.

In the literature review for this work, I used the words of Jemaima Tiatia (page 31) who discussed that Pacific Island people may find themselves “the silenced Western educated voice, ignored because we may be a threat to Pacific Island cultural traditions.” (1998 p1). The participants in this study would reconfirm that attitude, as they may be seen as a threat to the age and seniority of those with whom they work. They are potentially upsetting Pacific cultural traditions as well as nursing traditions. This could be seen as cultural dislocation, as has been previously addressed throughout this research, however, the participants felt their individual growth and education was not dislocating. It was the resistance of nursing staff (expressed by participants on page 87) to accommodate change that was the issue. On page 30 there was a quote from a participant in the research of Richardson and Blancet-Cohen (2000) asking for emotional support from people at home. This could be echoed by the participants in this research although they did not feel culturally dislocated from their own people, only from the nurses. In the next chapter there are some strategies suggested that may assist in the welcome of graduates, based on the experiences of the participants.

Professional development

Another reason for the lack of welcome expressed was that the new graduates were expected to be change agents, and foster the professional development of those at home. The new graduates in this research expressed a tension between owing one's country something having completed overseas education on a scholarship and the difficulty of implementing what they had learnt, or passing on the knowledge. For example, Laine spoke of the importance of professional development and said that in her country all those who had overseas education provided the nursing in-service education. This could make those who have not had access to the overseas education feel jealous or resentful that they did not have the opportunities of others. This is one of the paradoxical issues about globalisation which was identified by Thaman as a double-edged sword (1998). It has the potential to give access to the finest the world has to offer, but may also produce a sense of dispossession and a loss of identity among those who are exposed to it.

The participants found there was a lack of willingness for the more experienced, and often older nurses to alter their practice in light of the new ideas and knowledge that the new graduates brought home with them. They attempted to be diplomatic and were aware of tactful communication that was required. The participants realised that they could be seen as a threat and talked about the diplomatic communication needed. They didn't want to push their way in, and accepted that change is frequently uncomfortable, however given that seniority and age is particularly respected in Pacific cultures, this reliance on new graduates for professional development is an enormous expectation. It contributes to the lack of welcome given to the new graduates. Historically in the Samoan context, those nurses wanting to introduce

change have been interpreted as “causing trouble” (Stowers, cited Barclay, 1998 p112). Improving traditional practice is a challenge for any new graduate, especially when there are strongly established cultural and historical perceptions to consider.

One of the reasons for conducting this research was to develop strategies to enhance a programme in order to improve health outcomes in PI countries (page 6). If part of this is to encourage the return of graduates to their home country, then it seems that the difficulty was less with the BN programme, as I had surmised, than with the home environment. If the views and learning of new graduates are valued, they will feel more a part of the local profession of nursing. This finding is supported by a recent study (Flynn and Aitken, 2002) which examined 820 nurses from a wide range of countries. The most important aspects of their work that resulted in job satisfaction were examined. They found that a professional practice environment was a critical aspect of satisfaction. “To fully utilise the talents and skills of all nurses, regardless of country of origin, in maximising positive outcomes, administrators should seriously consider promoting a professional practice environment’ (Flynn and Aitken, 2002 p72).

The graduates in this research did want to contribute to the body of knowledge and improved care delivery. Not only would this help with overall health outcomes but it would also encourage greater job satisfaction. This is consistent with the literature, as identified by Johnson and Bowman (1997) who found that increased education led to raised occupational prestige, which resulted in higher job satisfaction, enhanced abilities in health promotion activities and autonomy in decision-making. Being able to pass on knowledge also enhanced job satisfaction according to Johnson and

Bowman's findings (1997). Interestingly the Johnson and Bowman work (1997) is at variance with the work done by Goudreau (1997) with Micronesian students who did not rate being responsible and passing on information as highly as other groups. This highlights the difficulty that can be experienced with thinking that all those from Pacific countries will respond in the same manner. Polynesian and Micronesian communities are intertwined throughout the Pacific and it cannot be assumed that what is suitable for application in one island community will have relevance in another.

In order to foster change professional development of all nurses needs to be implemented, by encouraging the current nurses to have a desire to improve their own practice and knowledge. The need for professional development to be offered to those who are already working as nurses in the PI communities is of primary concern for those who may be considering returning to work at home. Fostering a learning culture amongst nurses will increase the likelihood of a welcome for those with new ideas and fresh energy. A strategy that could assist this would be exchange programmes and a range of courses of study, depending on the needs of the nurse group, in order to facilitate their professional development. This is included in the recommendations which are presented in the next chapter.

While considering the welcoming environment that could be fostered in Pacific Island nations, in my view the most important steps to bring about a reduction of the "brain drain" are to address the professional isolation of the nursing profession in Pacific Island countries. The international perspectives that the new graduates bring need to be appreciated while at the same time valuing their own cultural ways of being and

doing. The emphasis of bringing relevant theory into practice is a constant challenge for all new graduates wherever they may be working. As graduates, they need to be listened to and attention paid to their suggestions about how to improve patient care. Just because they are junior in years and experience does not mean that they have little to contribute to the growth of the profession. Yoder-Wise (2003) puts out the challenge that new graduates need the experienced nurses, but more importantly experienced nurses need them.

Cultural tensions

Some of the difficulties and lack of welcome faced by nurses on return to their own countries are caused through racial tension. Pacific cultures are not harmonious as is evidenced through recent Fijian/Indian political tensions. In this research, it was expressed by one participant that she felt more comfortable being in New Zealand as there were less rigid ideas about people from different ethnic groups.

Mandy felt the difficulties experienced in gaining employment could be explained in terms of the fact that she was from a different “culture” or island than the hospital administrators (page 88). There needs to be a desire on the part of bureaucrats and health officials to put certain behaviours and attitudes on hold, if the graduates are to be encouraged to return home. This is supported in the literature, as Cassie (2003) found: “some Pacific countries were having nurse graduates return to their villages because hospital budgets were too tight to employ them. Others had funds but not the nurses or the political will” (Cassie, 2003 p11). The graduates are a small part of the socio-political milieu in which they live and work, and one cannot change the world. Nevertheless, if Pacific islanders are genuine in their desire to retain indigenous

nursing staff, there needs to be an authentic effort to make them welcome in their own countries. This is not currently happening, as was evident in this research.

It was of interest that those who already had nursing credibility in their communities expressed a stronger likelihood to return home than the others. The two graduates with experience were clearer in their resolve to work at home. It was identified that they were already more familiar with the nurses who would become their peers and therefore they felt that they would be more welcomed as a friend. They were more comfortable within the culture of nursing in their home environments and therefore had greater confidence. This suggests that to encourage nurses to return home, they may need some prior experience of the working environments to which they may return. This is a useful strategy to emerge from the research.

Overall the participants in this study revealed that there was a lack of welcome offered that detracted from the desire to remain nursing in their own countries. To overturn the resentments that have become established will take time and willingness. There are some possible solutions that may be offered to these difficulties and these will be explored in the next chapter on recommendations. They include the establishment of preceptorship programmes, rewarding nurses for an increase in skill and knowledge rather than for the length of time in the service, fostering increased professional development and initiatives that will reduce horizontal violence.

Professional Issues

The participants in this research were concerned they would lose their nursing knowledge and skills if they were to return to their home countries to work. They might be required to work in a manner that they perceived as being non-professional. They spoke of concerns they had with regard to administration of medications that were out of date, and the lack of informed consent that they were expected to conform with. This had the effect that they were unable to apply their knowledge from the programme of study; however, they did not see this as a weakness in the curriculum, but rather a deficit in the manner in which nursing was carried out at home.

There are certain boundaries of practice and ethical codes that informed, professional nurses do not wish to deviate from and a conflict of values is created when one is expected to behave in a manner that denies this. This can be described as moral conflict (Rogers and Niven, 1999) and in order for it to be addressed there is a need for an increased professional focus and education amongst nurses. There is the scope for unprofessional practices to be changed through new information being applied. One strategy to address such concerns is to increase the knowledge of all the practicing nurses and raise the level of professional practice of nursing in Pacific countries. This emphasises the importance of ongoing professional development that is appropriate and useful in the settings where nurses work. There have been many people working on raising the standards of nursing in PI countries over the years, in very complex circumstances (Barclay et al., 1999, Ritchie and Short, 2000). Nursing education, like education generally, is pivotal to progress and lifelong learning for adults has become the norm in this world of rapid change. There is no option in this

regard, as identified by NZAID, “While the benefits of higher education continue to rise the costs of being left behind are also growing. Higher education is no longer a luxury; it is essential to national social and economic development” (NZAID 2003a p3).

The participants in this research were willing to share their knowledge with those who they would work with at home, they knew that this needed to be done in a sensitive and non-threatening way, and they felt that they would be able to contribute to the body of knowledge in a helpful manner. These nurses perceived the potential to be change agents once they were established as nurses. However, there is often fear associated with change, and reluctance on the part of those who are being changed to let go of traditional practices. Therefore, these participants were not made welcome, nor were they encouraged to bring their ideas, education and energy back to their countries.

One possible solution to the situation described by the participants in this research would be the establishment of preceptorship programmes to guide older nurses into the ways in which they can support new graduates. This would help to bridge the gap between nursing education and the reality of the workforce for new graduates, while providing learning opportunities for the preceptors. (This will be explored further on page 134). Rodts (2002), Wright (2002) and Duclos-Miller (2003) discuss the importance of the role of preceptorship in assisting new nurses to integrate into the world of nursing as a method to ease what can be a difficult journey. It also validates those nurses with sound nursing skills and knowledge.

To summarise, this chapter has provided discussion about the data that emerged from the participants in the research. It is clear that there are reasons why scholarship recipients do not return home after completing a BN. These reasons have emerged in this thesis, therefore meeting the intention of the research. The research questions have been answered. These were explained on page 42 and have been addressed throughout this work. Hence the work has achieved what was intended, however there are limitations to this work.

Limitations of the research

The first issue is that of the number of participants. As is consistent with a qualitative study there is a limited number of participants. The sample size of ten (five primary participants, plus the five included in the focus group), means there are limitations to the extent to which conclusions can be drawn. In addition, the primary participants came from two cultural backgrounds and it is difficult to generalise across cultures, therefore there are restrictions within which the data can be applied. However, this does not detract from the value of these women's experiences or the contribution they have made to the issue of scholarship recipients' experiences. The fact that the health officials were from yet another country meant that there was another dynamic to consider, and in retrospect, it may have been more useful if the participants and health officials had all been of one culture. This would have given a more country case study focus to the issue of scholarships. As such it would have been a very different research project, there may have been some merit in close analysis of a particular country.

Another limitation of the research is that it is unlikely that the participants themselves, having recently completed a course, are likely to see the shortcomings of that course. One is unlikely to discount the value of a course that has been a huge focus of one's life for three years. It could be that good manners precludes the participants from being seen to be critical of education that has been offered, especially when part of that education has been at the hosts' expense.

There is the possibility that the stories of the participants in this study reflected what they thought the researcher wanted to hear. This is a limitation of the research and it may be compounded by the fact that I was previously a teacher of the participants. As has been previously explained there was a time delay between me being a teacher of the participants and the research being carried out, which hopefully reduced this likelihood.

A further limitation could be that I am of the culture of those who allocates the scholarships and therefore it may seem unappreciative of the recipients to say things that were less than grateful for the opportunities that were offered. Therefore, it may have been helpful for the research to have been carried out by a person of the same culture of the participants. This would have the added advantage of the stories being able to be told in the same languages as the participants. I was aware that the stories when told, although told with genuine feeling, were at times somewhat halting as the speakers struggled to grasp the appropriate wording. All the participants had well established English language skills, but there is often a greater ability to express strong feelings in one's first language.

The data is also limited by the use of self-reporting and an absence of corroborating information. For example, how an individual interpreted adverse staff relationships may be perceived differently by another person. All that can be sure is that the experiences were apparently true for these individuals at that moment in time.

Conclusion

In concluding this chapter of discussion of the findings, it can be seen that the stories of the participants in this research have answered the questions that were presented on page 42. The purpose of the research was presented on page 6, and the aim of the research has been met. Through collecting the descriptions of the experiences of scholarship recipients some recommendations emerge. These are presented in the next chapter.

There is also support in the literature for the stories told by the participants. At the 11th South Pacific Nurse Forum held in Vanuatu in 2002 each country reported on the state of nursing in their countries, with many expressing concern over similar issues, such as “a shortage of nurses, budget constraints, loss of nursing leadership and the aging of their respective nursing workforces” (Anonymous cited in Australian Nursing Journal, 2003 p24). The forum issues are borne out in the stories told by the participants in this research. They confirm that the financial constraints, lack of leadership and the aging population of nurses are issues for nurses in PI countries. All except one of the participants intends to work at home at some stage in their careers. The professional issues they will face on return to their own countries were the most significant aspect to their stories, and it is these that will need to be addressed in order to attract the graduates’ home.

It can be seen through the discussion that NZ aid money that is spent on nursing education is well spent. The scholarship recipients are working as nurses and contributing to health in their own countries through role modelling and contributing to the family incomes.

There are aspects of the BN curriculum that are relevant to PI contexts and generally the experience of being scholarship recipients has been very positive for all of the participants in this project. Some strategies have emerged that will be further explained in the next chapter, but it has been a privilege to hear the stories of those who were brave enough to venture from their own environments and extend their comfort zone to embrace education. This has benefits both for them as individuals and for their communities generally.

The New Zealand government is phasing out the allocation of the Aotearoa scholarships because the graduates do not return home to nurse. What is evident through this research is that the scholarships provide an excellent chance for the participants to improve the opportunities for themselves and for their families indirectly. It might be beneficial to address the reasons before cancelling the programmes, especially as these scholarships can offer the chance of a lifetime.

The original assumptions held by the researcher at the commencement of this research were not all found to be sustained by the stories of the participants. Two of these assumptions were refuted through the participants finding the curriculum had relevance in their own countries, and that they were not dislocated from their cultures.

What emerged from this work is the realisation that for some graduates of the BN programme, the current professional situation in their countries limits the attractiveness of employment at home. Attitudes of colleagues and lack of professional behaviours diminish their ability to put into practice what has been learnt. In addition, the ability to provide financially for themselves and their greater families is far greater outside their own country.

If aid money was directed to assisting these issues to be addressed it would be beneficial. Some of the participants in this research had as a long-term goal the desire to return home to work. Being able to assist the professional development of those who currently are nursing in their home countries so that these returnees will eventually be more welcomed would be of benefit.

There is the possibility that if there are greater resources put into the development of the profession of nursing in the Pacific Island countries there will eventually be a greater retention of the graduates from programmes in NZ, and presumably elsewhere. It is NZ aid budget money that is assisting the scholarship recipients in the first place, therefore it makes sense for some of these resources to be used to foster the increased professionalism to come from aid money coffers also. More on this will be covered in the section on recommendations.

Stories from Pacific Island nurses: Why do Pacific Island Bachelor of Nursing students not return to their own countries after being scholarship recipients?

CHAPTER SIX

Conclusion and Recommendations

In concluding this thesis, it is evident that the aim of the project has been met. Some reasons why Pacific Island Nurses do not return home following completion of their scholarship have been revealed. Through the personal stories of participants, the focus group of five health officials and field notes, the research questions have been answered. Some of the limitations of the work have been presented, however there are recommendations that emerge from the work.

There are those who believe that aid has negative effects that outweigh the advantages of projects supported by the aid budget. Hughes in her scathing report (2003) may well look at statistics, as have the NZ government when counting the number of individuals who do not nurse at home after being scholarship recipients. However, the individual stories behind these statistics tell of personal development, growth of family mana and pride, and of improved life chances for a range of individuals who have benefited from the nursing education received in New Zealand

over the years. Therefore looking at the statistics picture alone is only a beginning of the journey, and this qualitative research shows a very different slice of the view.

Increased education raises the challenge of loss of qualified health professionals from one country to others; this is part of the globalisation dilemma. Ongoing professional development in PI countries will enable the skills and knowledge of new graduates to be valued. There is a need for those who are currently nursing in PI countries to up-skill in order to see progress as not simply “trouble making”. There is a range of ways to address these issues, indeed we must find a way as, “The world has seemingly diminished in size and increased in complexity. It is important for nurses to be able to embrace international perspectives and to envision the profession of nursing as part of the world community” (Pardue and Haas, 2003 p72). The development of an international outlook includes willingness for exchange and opportunities for people of differing cultures to learn from one another, and I suggest that nursing and cultural exchanges may be a method to bring this about.

Some possible recommendations to address the question of why graduates do not return home on completion of their studies will be suggested in this concluding chapter. As mentioned on page 49 I do not intend to “chase scholarship recipients home”, however in order to address health issues in their own countries there is a practicality about encouraging this to happen. The recommendations focus on encouraging the growth of professional nursing in PI countries. All the participants in this research enjoyed the opportunity to talk about their experiences of being scholarship recipients and were enthusiastic about their learning and the prospects that they now had. It is clear that completing the BN programme has been a beneficial

endeavour for the participants and they have embarked on careers that may take them many places in the world. Whether they eventually return to their own countries to work will be of interest to discover in the future.

Miriam Hirschfield, Chief Scientist for Nursing, World Health Organisation made this statement with regard to the book “Samoan Nursing: The story of women developing a profession”: “This book is not just about nursing. It is about the struggle of a female profession to achieve independence from colonial rule, prejudices and Western views on health and illness and how these should be managed” (cited Barclay et al, 1998 back cover). Some of the recommendations from this thesis reflect several of the views raised in this quotation, and would assist in scholarship recipients being encouraged to return home. These recommendations are presented in this chapter. They are strategies that have emerged from the research and as such fulfil one of the research questions as stated on page 42. At the commencement of the research it was assumed by the researcher, that the strategies most likely to emerge from the research, would be improvements to the BN programme. Hence it was of great interest that this is not where the results from the stories of the participants led.

The recommendations that emerged will be presented under the headings of ‘aid funding’, ‘mentoring of new staff’, ‘professional development’, ‘reciprocal programmes’ and ‘further research’.

Recommendations

Aid funding

Scholarships to Pacific Island nurses should be maintained.

The participants who were extremely positive about the advantages for themselves and the wider community support this recommendation. Support is also provided by a recommendation of the recently released National survey of Pacific Island Nurses and Nursing Students (Ministry of Health 2003). They state: “Scholarships for Pacific nurses are made available to address the financial barriers to participate in nursing and midwifery.” (p19).

Changing aid funding to give a greater emphasis on health is recommended. It

was revealed in this research that there is little money to pay nurses, or to increase education for health staff. Thomson (2004) identified that health makes up a much smaller proportion of the aid budget than education, This is “currently about 5-6%” (p13). A change in how funding is allocated, that is, with an increase into the professional development of nurses currently within the Pacific countries may assist with both the health and education programmes currently in place.

Mentoring of new staff

Preceptor programmes to be established and encouraged in PI health institutions. A preceptor is a guide who has responsibility to support, teach and share clinical expertise for novice nurses. Such support was noticeably absent from the experiences of participants in this research. For those experienced nurses who have advanced nursing skills and knowledge being a preceptor provides the chance to role

model their own practice while being an interface between new graduates and the established nursing work force.

Scholarship recipients work in the setting that they may return to prior to taking up the scholarship. One of the participants who had experienced such a situation, it made a considerable difference, supports this recommendation. This gives scholarship recipients a framework to visualise while studying, and to conceptualise the application of what they are learning. It also develops friendships and relationships with those who may still be there on their return, which helps reduce the horizontal violence

Strategies to reduce hostility between nurses should be introduced.

These could include anti-horizontal violence programmes with education and training of all staff. There is also a need for preparation in undergraduate programmes to develop skills to deal with horizontal violence and support for those who report horizontal violence. McKenna, Smith, Poole, and Coverdale, (2003) found that only 12% of the horizontal violence cases studied in their research had been reported.

Professional Development and Reciprocal Programmes

Ongoing development of Postgraduate nursing courses in Pacific Island countries. Support for this recommendation is evident in the participants' stories, as the Registered Nurses in PI health settings did not foster learning. Increasing opportunities for post-graduate study allows Pacific nurses to validate and update their knowledge. It also provides course content that has immediate relevance to the

geographical environment in which it is offered. The University of the South Pacific in Nadi is one institute that offers a postgraduate nursing course.

Recommend greater reciprocity of knowledge and ideas through the establishment of exchange programmes. A course that offered the opportunity for both nursing students and educators to learn more of Pacific cultures could be a response to the challenge offered by Southwick (2001). “Pacific students are required to meet the achievement standards set by mainstream Pakeha culture, no Pakeha students has to achieve any standards set that a Pacific community may deem appropriate for themselves” (2001 p121).

As part of either undergraduate or post graduate studies there is potential for students to study at different schools of nursing for a period of time. There are currently a number of initiatives that encourage collegiality between organisations involved in health professional education. Sanders (2003) discusses a Benchmarking Internationalisation at Home in Undergraduate Nursing Education in Europe (BIHUNE) project that is a collaboration between six schools of nursing in five European countries. This has resulted in “increased collaboration between the nation states and brought about curriculum changes to include knowledge and skills for intercultural communication.” (2003 p13). Pross (2003) identifies a growing interest in international health among nursing schools. There is potential for co-operation to be fostered between Pacific countries and NZ with nursing exchanges and courses offered between countries for ongoing education.

Recommend greater cultural exchange and education for nurse educators. This is supported by the National Survey of Pacific Nurses and Nursing Students who recommended that nurse educators “commit themselves to gaining the appropriate qualification, depth of understanding of the nursing curriculum and experiences in diverse clinical settings to enhance their roles in the education and training of future nurses” (Ministry of Health 2003 p20). This would be strengthened by ongoing education outside NZ and a partnership course with the University of the South Pacific or similar institution. There is potential for experts from Pacific Countries to educate the nurses of New Zealand. Aspects of primary health care, treatment in tuberculosis, Ross River fever and Dengue fever, which are becoming public health concerns in NZ, are some examples of areas where there will be increasing potential for the expertise to be shared. Reciprocity of ideas rather than the expectation that education is a one-way process (from a “developed country” to a “less developed” one) will support indigenous views and validate knowledge and skills.

Suggestions for further research

A final recommendation is for ongoing research. This study could be seen as a pilot for greater research in the area. Further research into evaluating the effectiveness of scholarships is needed. None of the participants in this research had been asked of their experiences through any official channel. They were eager to explain the situations they faced and in my view it is not acceptable to keep taking scholarship recipients if they are not going to be monitored. There is a clear need for follow up of those who come to NZ on scholarships in order for appropriate support to be provided, and to ensure that the education provided for them equips them with necessary skills and knowledge to be of benefit to those who they nurse. If the

intention is for employment to occur in the country of origin then this needs to be checked to ensure that what is learnt can be applied. Infrastructural needs of the countries where graduates from scholarship programmes may inhibit the usefulness of theory to be applied, but what is of greater concern is the attitudes and behaviours of colleagues.

Research into what the home country's registered nurses' expectations are of new graduates would be useful. If expectations and reality are at variance with each other there is potential for an increase in hostility and putting people down.

In addition research into policies and protocols regarding employment processes and the desirability (or not) of bonding schemes could assist future scholarship recipients. I was not able to access information regarding staff employment processes at health care facilities in the Pacific countries that the research participants are from. This requires further investigation.

It would be an interesting research project to discover where these participants are working in another five years, or even ten years. There is potential for the graduates of this BN programme to be leaders and effective nurses in a range of communities, thus reinforcing the fact that aid money has been well spent in nursing education.

Research into the increased reciprocity of ideas would be of interest. Modernisation does not necessarily equate with westernisation. To date the nursing education offered in the Pacific has presumed the supremacy of western models, there is the opportunity for us all to learn from each other to create greater harmony and understanding.

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Appendices.

1. Information sheet for participants.
2. Consent form for participants.
3. Confidentiality form for transcriber.
4. North American Indian view of education.

Information sheet for participants.

Project Title: Education is the key to a better life: Pacific Island nursing graduates affect health outcomes in their own countries after being scholarship recipients.

Thank you for taking the time to consider whether to be involved in this research project. This sheet is intended to explain the purpose of the study, your role in it and answer questions that you may have already about it. The project is being undertaken as part of my Master of Education studies.

Expected outcomes and benefits of the research:

What I would like to achieve through this research is a greater understanding of some of the contributing factors in our nursing programme that facilitate Pacific Island scholarship students to return home after graduation. I am also interested in what are the experiences of some graduates who stay in New Zealand and some who return home. These issues would help to develop strategies that could be incorporated into the Bachelor of Nursing programme to encourage Pacific Island scholarship students to improve the health outcomes for their own people.

What I would like you to do:

The study would involve a conversation with me that would be tape recorded. I expect at least two hours of your time would be involved here. We would talk about the things that you learnt in your programme at Whitireia, and the things that would be useful to work with in your home country.

We will meet at a time and place that is convenient to you.

If you are not happy about the conversation being taped, or if there are any other concerns or questions you have about what I am asking of you, please let me know and I will be happy to discuss them with you. For example there may be times when you would like the tape recorder turned off during our interview, there is certainly the opportunity for you to talk about things that do not have to be recorded.

Confidentiality:

I expect that you will wish to remain anonymous in the study. If you wish to be named that will occur, otherwise you have my absolute assurance that confidentiality will be retained. At our first meeting I would like you to choose a name that you will know as in the research. I also intend not to state the country of origin of any of the participants which will further preserve confidentiality. All tapes of conversations will be kept secure during and after the project.

You will be given a summary of the completed research.

Voluntary participation:

Your participation in this study is entirely voluntary. You may refuse to participate, or withdraw at any time with no adverse consequences. Please feel free to discuss your participation with another person before you decide to be part of this study. I am available to answer any questions or for you to let me know how you feel about any aspect of the study at any time.

Researchers name and contacts: Felicity Stewart (Liffet), Nurse Lecturer, Whitireia Community Polytechnic, Porirua.

Home phone: [REDACTED] **Work phone:** [REDACTED]

Email: [REDACTED]

University Supervisor's name and contacts:

Michele Knight, College of Education, Adult Education Group. Massey University Wellington.

Work phone: [REDACTED]

Email: [REDACTED]

This project has been reviewed and approved by the Massey University Human Ethics Committee, WGTN Protocol 03/121. If you have any concerns about the conduct of this research, please contact Mr Jeremy Hubbard, Acting Chair, Massey University Wellington Human Ethics Committee, telephone [REDACTED] email [REDACTED]

Participation Consent form

Project title: Education is the key to a better life: Pacific Island nursing graduates affect health outcomes in their own countries after being scholarship recipients.

Researcher's name and details:

Felicity Stewart (known as Liffet)

MEd candidate, Education Department Massey University, Wellington.

Currently employed in School of Nursing and Health studies Whitireia Community Polytechnic, Porirua.

Contact details:

Qualifications: Registered comprehensive nurse

BA Massey University

Ethnicity : Pakeha.

This study will be carried out through Massey University, Wellington.

Description of study:

The research question is: “Does the current practice of teaching and learning in a Bachelor of Nursing programme contribute to the decisions made by some Pacific Island scholarship students, to not return home to their country of origin after graduation?”

In order to answer the research question the following questions will be answered:

- What are some of the contributing factors in the nursing programme that facilitate Pacific Island scholarship students to return home after graduation?
- What are the experiences of some graduates who stay in New Zealand, and some who return?

It is hoped that through this it will be possible to develop strategies that could be incorporated into the nursing programme which encourage Pacific Island scholarship students to return home to their country of origin on completion of their studies

Possible inconveniences for you:

As a participant in this project you would be asked to have a conversation with the researcher which will be tape recorded. It is anticipated that the conversation may take up to two hours of your time, and you will be asked to talk about the factors that influenced your decisions to nurse in NZ, whether or not you intend returning to your home country, there will be questions about how you might use your nursing skills and knowledge at home. If there are times that you would like the tape recorder turned off, we can do this.

If you choose to be a participant in this study it is important that you are comfortable in the place where we meet. The choice of place will not be where you work, it could be at the home of one of us or any other place that is suitable for you.

During the project there may be times when I need to check some details, or you might be asked to read a transcript to ensure accuracy. This gives you the opportunity to add or delete any information.

At all times throughout the project your decisions and judgement about what you wish to disclose will be respected by myself as the researcher.

You will be free to give or withhold your consent to participate in, or to withdraw at any stage from this research without any fear of consequences.

Confidentiality:

You will be given the choice of whether or not you wish to remain anonymous in this project. If you choose to do so, you have assurance that your privacy and confidentiality will be retained.

Each participant will choose a name for themselves to be known by, all tapes from the interviews will be kept secure in a place separate from any identifying information. The transcriber who I will employ will sign a confidentiality agreement and is experienced in this work.

On completion of the research you can choose whether you wish to have the tapes returned to you, or they will be destroyed.

In addition to use of a pseudonym the name of your home country will not be used in the research when it is written up, to further preserve your anonymity.

At completion of the research I will provide you with a copy of the draft of the research. Your corrections and comments will be adhered to and there will be opportunity to ensure your confidentiality has been maintained.

Statement to be signed in the presence of the researcher, and a witness (if possible)

- I have read the consent form and have had the opportunity for discussion with Liffet Stewart.
- I understand that I may withdraw from the study at any time and that this will not adversely affect me in any way.
- I consent to participating in this research and I would like any audiotapes from the interviews to be : 1) Returned to me (Delete one)
2) Destroyed
- At the end of the study I would like to see a draft to make changes and comments with regard to the information I gave the researcher and to ensure my anonymity has been preserved. Yes/No
- I understand that this study has been approved by the Massey University Ethics committee and the Whitireia Ethics research committee and if I have any concerns about the research I may contact the ethics committee. Phone (04) 801 5799

I agree to take part in this study, I feel under no pressure to do so:

Signed _____ (Participant) / / (date)

_____ (witness) / / (date)

Witness name _____

Statement by investigator:

I have discussed with _____
(participant's name) the aims and procedures involved in this study and they agree to be a participant of their own volition.

Signed _____ (researcher) / /
(date)

Three copies required: 1 retained by participant, 1 by investigator, 1 records.

Transcriber's declaration of confidentiality.

The information revealed to me in my role as transcriber for this research project will be maintained as confidential material.

I will discuss the interviews only with the researcher, I will not discuss the content with other people, and neither will I reveal the identity of the individuals who are participants to anybody.

Signed.....Date.....
.....Transcriber

Signed.....Date.....
.....Researcher

This is included as an historical example of the manner in which support with education, although well intentioned can be inappropriate to the culture and expectations of what is necessary knowledge.

North American Indian view of education:

At the treaty of Lancaster, in Pennsylvania, the commissioners from Virginia informed the Indians that there was at Williamsburg a college with a fund for educating Indian youth. They encouraged the chiefs of the Six Nations to send down half a dozen of their sons to the college, the government would take care that they be well provided for, and instructed in all the learning of the white people.

The Indian spokesman replied:

“We know that you highly esteem the kind of learning taught in those colleges, and that the maintenance of our young men, while with you, would be very expensive to you. We are convinced, therefore, that you mean to do us good by your proposal and we thank you heartily. But you, who are wise, must know that different nations have different conceptions of things; and you will not therefore take it amiss, if our ideas of this kind of education happen not to be the same with yours. We have had some experience of it; several of our young people were formerly brought up at the colleges at the northern provinces; they were instructed in all your sciences; but when they came back to us, they were bad runners; ignorant of every means of living in the woods, unable to bear either cold or hunger, knew neither how to build a cabin, take a deer, nor kill an enemy, spoke our language imperfectly, were therefore neither fit for hunters, warriors nor councillors; they were totally good for nothing.

We are however not the less obligated by your kind offer, though we decline accepting it, and to show our grateful sense of it, if the gentlemen in Virginia will send us a dozen of their sons, we will take care of their education, instruct them in all we know, and make men of them.” (Franklin p68 cited Medwy.P.(Ed)(1973) *The receiving God*. Penquin:England)