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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?

**Felicity Stewart**

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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?

Felicity Stewart, RCpN, BA, MEd (Candidate)

Supervisor: Michele Knight, Massey University, Wellington, New Zealand.

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 [NZAID] 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).<sup>1</sup> 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.

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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.