

Pedagogical challenges and opportunities: health educators' perspectives on teaching Indigenous health to international students

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Indigenous health education is an established part of curricula in many health disciplines in Australia and New Zealand. These curricula include content about history and socio-political factors which have affected the health status of Indigenous peoples over several centuries. Teaching health within this socio-political context and with a strongly domestic focus to international students, who bring their own perspectives, cultural understandings and experiences raises unique challenges for the educator. In this paper we explore these challenges and the strategies that educators use to address them. We draw on qualitative interview-based data from a bi-national study examining the experiences and methods of teaching of educators who teach Indigenous health content in the health disciplines. Interviews were conducted with 41 educators from nine universities. The data identify that educators believe international students perceive the content is not relevant to them but is instead aimed at domestic students, and that they often lack a basic understanding of Australian history and culture. Several strategies for overcoming these challenges were described by academics. We argue that educators need to draw on these and other strategies to ensure that international students receive an effective education in this area that they perceive as relevant. International students will continue to be ongoing recipients of Indigenous health education, and many will remain in Australia and New Zealand to practice after they graduate and need the required skills to provide effective care to Indigenous peoples.

Keywords: Indigenous health education, health sciences, international students

Introduction

Indigenous health education has become an established part of disciplinary curricula in a range of health sciences degree programs in both Australia and New Zealand over the past two decades. This has been supported by Indigenous health becoming a mandated part of accreditation requirements for degree programs in disciplines including Medicine, Nursing

and Midwifery, Social Work, Dentistry and Physiotherapy in Australia and New Zealand (Australian Association of Social Workers, 2012; Australian Dental Council/Dental Council (New Zealand), 2016; Australian Medical Council, 2012; Australian Nursing and Midwifery Accreditation Council, 2015; Australian Physiotherapy Council, 2015; Physiotherapy Board of New Zealand, 2009). It has also been supported by national projects which have developed frameworks and resources to help implement Indigenous health curricula in higher education institutions (Phillips, 2004; Department of Health (DH), 2016) and by the efforts of many academic and administrative staff.

Topics commonly taught include cultural safety, the history of Indigenous peoples with regard to colonisation and racism, the social determinants of health and helping students to engage in critical reflection on their beliefs and values (DH, 2016). These topics require students to engage in uncomfortable and often difficult reflections on their own culture, history, and how they perceive and are perceived by others. The topics also touch on a traumatic history for Indigenous peoples in both Australia and New Zealand and may be viewed differently by students with varied personal backgrounds and perceptions of Indigenous health issues. A small literature explores the difficulties educators face in teaching students this content, identifying how some students find it challenging, often resulting in resistance and disengagement (McDermott, Forthcoming; Thackrah & Thompson, 2013; Wear & Aultman, 2005). In this paper we add to that literature through an exploration of the particular challenges health educators teaching Indigenous health content (hereafter referred to as 'Indigenous health educators') face in engaging international students.

The growth in international student numbers over the past two decades has been one of the major contributors to increased diversity in the classroom in the Australian and New Zealand higher education sectors. International student enrolments in Australian higher education have more than tripled from 72,717 in 2000 to 249,990 in 2014 (Australian Education International (AEI), 2014b). In health disciplines, international students comprise approximately 12.4% of all student enrolments (Department of Education and Training (DET), 2015). In New Zealand, international student enrolments have now reached 24,440, 13.6% of the approximately 180,000 students studying at university (Education New Zealand, 2014; Universities New Zealand, 2014). While international students are a diverse group, the great majority come from Asian nations. For example, AEI data from 2014 shows that the largest group of enrolments for international students in Australian higher education came from China, with just over 36% of students. The top 10 source nations for international students were from Asia, comprising over 76% of total international student enrolments (AEI, 2014a, p. 5).

Research examining the challenges international students face in a university context, and the strategies educators use to address these, focus primarily on things not specific to a given discipline or area of learning. Some specific examples of this include: integrating group activities into the start of each class to enhance the interactions between domestic and international students (Arkoudis et al., 2011, p. 13); making explicit comments on international students' assessments about their problems with English language use rather than vague comments that they often do not understand, e.g. 'this is unclear' (Arkoudis, Baik, & Richardson, 2012; Arkoudis & Doughney, 2014, p. 15); and using a broad range of examples from international contexts when elucidating concepts in classroom discussions in order to make international students feel the content is more relevant to them (Leask, 2012).

There has been very little investigation of the challenges international students face in particular disciplines or areas of study.

In what follows, we identify the pedagogical challenges Indigenous health educators face in engaging international students as well as the strategies they use to overcome them. To do so, we draw on qualitative data from interviews with Indigenous health educators. This is an interesting and unexplored area, given that the learning is often compulsory and has a domestic focus, which may bring particular challenges to an international audience without prior interest in the area. Key challenges identified include international students perceiving the content as irrelevant and also not having the knowledge base of history and culture required for its study. It will be argued that these challenges demonstrate a problem which Indigenous health educators need to make efforts to resolve – international students perceive themselves as, and in some cases are considered as outside the sphere of intended learners in this area.

Methods

Assessment for learning in Indigenous health is an Office for Learning and Teaching (OLT) funded project exploring academics' assessment practices in Indigenous health education across the health sciences. As part of the project, 41 academics from nine institutions in Australia and New Zealand were interviewed. Ethics approval for the project was obtained from The University of Melbourne Human Research Ethics Committee (HREC protocol 1443255). The data from these interviews forms the basis of this paper.

Face-to-face semi-structured interviews were chosen to best capture the day to day practice and decision-making of educators involved in setting assessment tasks (Pope & Mays, 2006). This approach was also intended to provide a format in which the interviewer could pick up on the subtle contextual cues of the interviewee and develop a rapport with them. This allows the interviewee to feel comfortable to explore their areas of interest, thus providing a richer and more authentic data source (Appleton & King, 1997). Academics were involved in teaching and coordinating Indigenous health teaching and learning content in health sciences disciplines including Public health (n=11), Medicine (n=10), Nursing (n=8), Social Work (n=4), Dentistry (n=3), Physiotherapy (n=2), Speech Pathology (n=1), Neuroscience (n=1), and Psychiatry (n=1). They were employed in different roles, including lecturer, senior lecturer, degree program coordinator, and centre director.

While educators' perspectives on international students were not prompted by questions in interviews, which focused mainly on interviewees' assessment practices, it was common for their perspectives in this respect to be raised unprompted. Discussion of international students was not exclusive to a given health discipline being raised by interviewees teaching in Public Health, Medicine, Nursing, Social Work, and Dentistry.

In this paper, to explore educators' perspectives on teaching international students, content analysis was used to extract relevant data from transcripts. The following three questions prompted the analysis:

1. What challenges do they experience in teaching international students?
2. What pedagogical strategies do they use to overcome these challenges?

3. What strengths do they think international students possess in engaging with Indigenous health content?

Results

The key themes arising from the analysis are set out under relevant subheadings with representative quotes. The first three themes derive from questions 1-2 above. Pedagogical challenges are identified and, where applicable, pedagogical strategies educators used to address these are described. The final theme arises from the third question used to guide the analysis, with an exploration of the strengths Indigenous health educators perceive international students bring to an Indigenous health context.

Lack of interest in Indigenous health

The most common concern of participants was their belief that international students were disengaged with Indigenous health content and viewed the material that they were learning as not relevant to them but only to domestic students. The following explanation was typical of academics who raised this challenge in interviews.

For some they think 'this has nothing to do with me'. The whole idea of colonisation, the whole idea of disempowerment, and the whole idea of 'what are safe practices?', they can't get because they are just so focussed on 'why do I have to learn all of this stuff about Indigenous Australians? I am not Australian, I wasn't here, I didn't do it.' (N1)

In sum, there was a common perspective that international students felt the content was not relevant to them because it was about domestic health issues and a domestic history. Another possible reason for this disengagement was indirectly touched on by one interviewee. In planning of curriculum activities with colleagues aiming to raise students' awareness of racism, white privilege, and debates around the concepts of whiteness and blackness, they noted they had come to a collective realisation.

There was an assumption that everybody, all of the students and all of the staff were white, Australian, middle class people. Not the case... coming into our master's program we have this semester, 55 people from China. That's a very different conversation from talking to someone from CITY 1. So we have to position these conversations much more carefully. The discussion that came out of it was that we really needed to be able to have a high degree of consciousness about the diversity within our midst. (SW1)

This identifies a possible reason for the disengagement of international students with Indigenous health content. Not only is the curriculum mainly about domestic issues, in some cases it is planned with domestic students in mind, with international students being aware of their positioning outside of the sphere of teaching. Indeed, international students from some Asian nations may find that reflective activities on white privilege and the concepts of whiteness and blackness are not as relevant to them and their contexts as to other students and may thus feel alienated by them.

While the challenge was often left unresolved and was only remarked on by participants, three interviewees had pedagogical strategies to address it. The first of these was by one educator who stressed to students the centrality of learning these issues to practice in

Australia, and explained to them that if they wished to work here they would have to take the issues seriously. The second strategy, mentioned by two Public Health educators, was to make an effort to describe transferability of the skills learned in Indigenous health education and their relevance outside of a particular national context.

We were able to talk about the role of cultural safety per se, wherever you were, through whichever domain you were in, across not just ethnicities but across gender, class, a whole range of things. What do you do when you're working in resource poor areas, dealing with decolonisation in all its forms worldwide, the thing with racism particularly. Dealing at the pointy end of very severe health issues. So there's a whole range of issues we felt we could actually up skill and work through issues with people. (PH7)

This strategy addresses both reasons for international students' perceived disengagement. It shows to international students that while the content often focuses on domestic issues, the skills developed and issues explored have applicability outside of a domestic context. It also showed that educators are aware of international students' perspectives and take these into consideration in their teaching.

Limited knowledge of Australian history

A second common challenge described by many participants about international students was that they do not have a base level of knowledge about the history and culture of Indigenous peoples or Australia broadly. The following is representative of the perspective of the participants.

So, in three hundred students in a year, let alone twelve hundred across the degree, we have 30% international students. They don't even know what an Aboriginal and Torres Strait Islander person is, and they certainly have no knowledge of Australian history. (M6)

The development of this knowledge was considered to be a requirement for students to engage with what they would learn as part of their education in Indigenous health.

I think you need to start with some basic understanding of historical aspects... for our international students, it's all news to them so it's really working through what's the existing knowledge base and where do we have to get people up-to-speed. (D2)

Some educators felt that developing this knowledge in international students was often a balancing act against the needs of domestic students, some of whom were well equipped in terms of historical and cultural knowledge and were often bored by associated class activities. One educator noted that

It's a matter of trying to provide Indigenous culture history in a short digestible format whilst also trying to keep our local students interested and engaged, rather than the local students saying 'I've heard this before'. (D3)

However, while some of the educators posed this view, others also questioned the base knowledge of many domestic students, believing that developing an understanding of Indigenous history and culture was necessary for all students. Pedagogical strategies

educators used to address this challenge included a range of preparatory subjects, workshops and classes. These were commonly provided to all students, despite two participants mentioning that these activities were intended mainly for overseas students. This challenge is similar to English language debates in higher education, where academics often believe students should be versed in particular educational knowledge in order to undertake the study program and where there is debate over positioning this as an international student issue or an issue for all students (See Arkoudis & Doughney, 2014).

Generic issues: English language proficiency and group work

Generic challenges for international students not explicitly related to the content of Indigenous health education were raised by a few of the participants. International students' English issues were an example. The following participant described the difficulty with an assessment piece of English as additional language (EAL) students, many of whom can be assumed to be international students.

There is a small minority of students who don't engage with this content in terms of participating in the discussion board, and I've noticed that they belong to ethnic minorities whose English is not the first language, and they are challenged by the notion of having to post something up on a discussion board that is open to critique. I suspect that has to do with their English - the strength of English and their ability to contribute. (N6)

No pedagogical strategies were explored to address students' English difficulties. Participants also described international students having difficulty forming meaningful connections with domestic students in class time, and had used group work strategies to address this. The following is an example of a strategy implemented by a Nursing participant.

On the first day of the program, I allocated them into groups. I didn't let them choose, because they have no idea who each other is, they've never met them before... [I] tried to mix up the international students a little bit within the groups, because knowing that maybe some of the other students may have studied at G before and knew some of the processes, might be able to help the international students a little bit. (N8)

These issues have been well explored in a broader university context and are major features of the literature on international students in higher education. However, in this context, they were not the most salient issues discussed and were raised briefly if at all.

Strengths of international students

A few of the participants mentioned the capacity that international students had to enrich classroom discussion by drawing on their experiences from their countries of origin. For example, the following participant referred to how recorded internal classes dominated by international students had helped enrich the experiences of domestic students who were learning online and listening to the classes.

We have had an incredible range of students in the internal class of 25 people. Sometimes there is like 18 different nationalities. So, the external students who are predominantly not from that particular demographic, and predominantly I would say from the Anglo-Celtic Australian demographic, really appreciate the diversity of the discussion that is going on, because people are drawing parallels

from Indigenous groups in Bangladesh, from people in Saudi Arabia, all those sorts of things. So they find it a really rich experience. (PH6)

As will be discussed later on, educators facilitating discussion of international examples can not only to enrich discussion but also to address the perceived irrelevance of the content by international students. Participants also mentioned two other strengths. These were that international students were more capable of engaging in reflective activities and had lesser emotional reactions to the content than domestic students. The following quotes are representative of these points.

The ability to reflect on their own culture and to be able to recognise that different cultures do things in different ways [is important]. This is a skill that I think a lot of our international students are able to do quite easily so people who have come from other countries but it's a challenge for Pākehā students, New Zealand European students, because they've never really been put in a situation where they have to examine their own culture because their culture is the norm within New Zealand society. (PH4)

I did not think through I guess that emotional side of things, particularly for our Australian born students. We've got a very large component of international students, so I would say - well up to 20 per cent previously we've now moved to 40 per cent of our students are international... So they were kind of more neutral. They didn't have these responses. It was more the Australian students that felt that way. (D2)

This demonstrates the calm presence international students have the capacity to provide in an often emotional and contested classroom context, engaging in activities and with historical events that are difficult for many domestic students. By addressing the challenges discussed earlier, these strengths may be more central to educators' experience of international students than the challenges described earlier.

Discussion

The data identifies three types of challenge faced by Indigenous health educators in providing an effective education to international students. The third, generic issues such as international students' English difficulties and lack of engagement with domestic students in class time, have been well explored in research in Australian higher education and were the least common in the data (i.e. see Arkoudis et al., 2014; Arkoudis et al., 2011). The two most common challenges in the data include disengagement with the content due to perceived irrelevance and students lacking the foundational content knowledge required to engage with course material. These concerns differ from those that are found in current literature and are specific to this area of learning. The challenges also differ from those that have been mentioned in the small current literature concerning student perspectives on Indigenous health content, which focus mainly on student resistance to learning and discomfort with Indigenous health material. This is something which the data here explicitly identifies as being less of a problem for international students. The following explores why these two challenges are so important to address and offers strategies to overcome them.

The perceived irrelevance by international students of Indigenous health content and lack of knowledge of domestic, in particular Indigenous, history and culture resonate with a serious

issue in this area of learning. International students perceive themselves as, and indeed are considered as, outside of the sphere of learning and teaching in Indigenous health education. If it were otherwise, the content would not be pitched above their initial level of understanding, they would understand the relevance and importance of the area of learning to their education and some activities would not be planned with only domestic students in mind as the learners. There are several strategies educators can use to address this challenge.

The strategy of one participant, namely to articulate the transferability of the professional values and skills learned in Indigenous health to contexts outside of providing care to Australian and New Zealand Indigenous peoples, is worthy of consideration. The achievement of the learning goals for students in this area, like cultural safety and the ability to critically reflect on their own culture and how they are perceived in different contexts (DH, 2016), are central to developing professionals able to provide effective healthcare to people across a range of different social and cultural divides. Explicitly articulating this to students in class time can help international students see that the content is not only relevant but also highly beneficial to them as health practitioners, even if they plan to return to their countries of origin after graduation.

One of international students' strengths identified in the data was their capacity to enrich classroom discussion by drawing on their home country perspectives and experiences. There is much support for research into internationalising the curriculum, an element of which identifies making reference to international examples and content in class time as an effective way to help international students engage in class content (e.g. Leask, 2012). By making an attempt to discuss and draw parallels to social groups and examples in international students' countries of origin, educators can not only enrich the discussion for the entire class, but they can also make the content feel more relevant to international students.

Activities concerning reflections on racism and white privilege were discussed by one participant as focusing on domestic students. These activities touch on important issues with global relevance (both independently and analogously to other issues) and need not alienate international students. When planning these activities, it may be best to make them more inclusive. As mentioned earlier, this can involve integrating references to relevant social issues and concepts in different national contexts or by ensuring that opportunities are provided from the outset for the perceptions of these topics by international students and other students with diverse backgrounds to be explored.

Educators mentioned that to help International students to develop a knowledge base about Australian and New Zealand history and culture, in particular of Indigenous peoples, they had used preparatory classes and cultural safety workshops. Preparatory activities for international students are common at universities to help students in their studies. These can include orientation events and English language support (Arkoudis et al., 2014). In this case, such activities may provide the groundwork needed to help international students start their education in Indigenous health. However, it is likely that they are best considered as core curriculum and not required catch up activities only for international students. As with the English language issue in general, just focusing on English language development as an international student 'deficit' is problematic and can be stigmatising (Arkoudis & Doughney, 2014, p. 6). The development of this historical and cultural knowledge in programs only for international students may similarly and unnecessarily identify international students as possessing a deficit. As noted, some participants described domestic students as also having these difficulties. The development of a foundational knowledge of Indigenous history and

cultures could be considered as simply a necessary part of beginning a learning journey with a diverse cohort, members of which have various levels of understanding of, and acquaintance with, the material.

Additional methods of addressing the issue of foundational knowledge, include integrating peer learning and group work in teaching and learning activities as well as assessment. Peer learning can help students with different knowledge levels to interact with each other, allowing those who are already well acquainted to engage their peers and discuss the material with them. This can help alleviate the boredom experienced by these students, using a method commonly argued to have the capacity to affect student learning positively (Boud, et al., 1999).

International students were described as sometimes being more capable of engaging in reflective activities than were domestic students. They had less defensiveness and resistance to some content. International students' receptivity in this respect can provide a positive addition to an often difficult and emotional classroom context. If educators take seriously pedagogical strategies to engage international students and focus on their educational needs, these strengths may become more apparent and help give educators a perception of these students as valuable contributors to the classroom and not merely as students who perceive the learning as irrelevant to them.

Conclusion

Significant impetus for the inclusion of Indigenous health content in health sciences curricula comes from domestic concerns surrounding the health outcomes of Indigenous peoples (Human Rights and Equal Opportunity Commission, 1997; Royal Commission into Aboriginal Deaths in Custody, 1991). This translates into health sciences curricula that place priority on the specific health needs of Aboriginal, Torres Strait Islander and Maori communities and people. This domestic focus is essential to address a pressing need in the community. Yet, as found here, there is some question over the relevance that international students will find in this content.

Recent evidence demonstrates that around 17% of total university revenue in Australia is provided by international student enrolments (Marginson, 2013, p. 64). However, international students are not primarily in health courses in Australia, with around 50% being in business and commerce degrees (DET, 2016). Nevertheless, many international students are enrolled in health courses, and the needs of these students will remain a consideration for Indigenous health educators.

While many international students return to their countries of origin after graduation, some international students also remain in both Australia and New Zealand to work (Graduate Careers Australia, 2012). As a result, some international graduates will become health care providers for Indigenous peoples and communities. It is thus important that these students learn to provide effective care to Indigenous peoples and communities prior to graduation. As we have identified, many international students perceive themselves as, and indeed are often considered as, outside of the group of intended learners. To address this perception, it is hoped that Indigenous health academics consider the needs of international students, drawing on strategies such as those described in this paper. By doing so, it is hoped that the positives these students bring to an Indigenous health classroom are more salient features of the experience of both educators and students.

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